EFFECTIVENESS OF SELECTED NURSING INTERVENTIONS ON KNOWLEDGE AND ATTITUDE REGARDING HOMECARE MANAGEMENT OF AUTISTIC CHILDREN AMONG CAREGIVERS AT A SELECTED SETTING

DISSERTATION SUBMITTED TO

THE TAMIL NADU DR. M.G.R.MEDICAL UNIVERSITY

CHENNAI

IN PARTIAL FULFILMENT OF REQUIREMENT FOR THE DEGREE OF

MASTER OF SCIENCE IN NURSING

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EXTERNAL EXAMINER:

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EFFECTIVENESS OF SELECTED NURSING INTERVENTIONS ON KNOWLEDGE AND ATTITUDE REGARDING HOMECARE MANAGEMENT OF AUTISTIC CHILDREN AMONG CAREGIVERS AT SELECTED SETTING, 2014

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LIST OF ABBREVIATIONS

ADDM	-	Autism and Developmental Disabilities Monitoring Network
AFA	-	Action for Autism
ANOVA	-	Analysis of Variance
ASD	-	Autism Spectrum Disorders
CNN	-	Cable News Network
CDC	-	Centre for Disease Control
ICCR	-	International Centre for Collaboration Research
PRT	-	Pivotal Response Training
PECS	-	Picture Exchange Communication System
PDD	-	Pervasive Developmental Disorders
WHO	-	World Health Organization
WHP	-	World Health Prospectus

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Effectiveness of selected nursing interventions on knowledge and attitude regarding homecare management of Autistic children among caregivers.

Aims and objective: To assess effectiveness of selected nursing interventions on knowledge and attitude regarding homecare management of Autistic children among caregivers**. Methodology**: A Pre- experimental one group pretest-post test design study was conducted at selected special schools of Kottayam District. The caregivers who satisfied the inclusion criteria were selected by convenient sampling technique. Selected nursing intervention comprising of lecture cum discussion, demonstration and pamphlet formed the intervention of the study. The pre and post test level of knowledge and attitude on homecare management of Autism was assessed by Structured knowledge questionnaire and b.vickers modified attitude scale respectively**. Results:** The findings of the study revealed that the pretest mean knowledge score was 4.22 with the SD of 3.05 and the post test mean score was 24.20 with the SD of 1.88. The calculated 't' value,t =38.156 highly significant at $p<0.001$ level. The attitude score revealed that the pretest mean score was 36.47 with the SD of 2.90 and the post test mean score 113.83 with the SD of 7.31. The calculated 't' value was t = 76.005. The correlation of knowledge and attitude showed r = 0.450 which was not significant at $p<0.01$.**Conclusion**: The study findings revealed that after the selected nursing interventions there was a significant improvement in knowledge and attitude regarding homecare management of Autistic children among caregivers. Thus selected nursing interventions was an effective intervention in improving knowledge and attitude of the caregivers on homecare management of Autistic children .

Key words*: selected nursing interventions, homecare management , Autism*

INTRODUCTION

In developing countries like India having Autism children is a double tragedy; not only is the child unable to contribute to the family's resources, instead he/ she needs additional caring which drains the family's resources. Thus having an Autism child in the family affects not only the individual who has this problem, but also their families and the society as a whole. Today there are no training methods for parents as each one requires training based on the disability of the child. Caregivers can take care of their children with the help of various training methods such as Homecare management. Caregivers should involve in extracurricular activities to foster communication, language development, selfcare, self identity, Homecare environment of Autism children. The aim of the homecare management training given to the caregivers of Autistic children is to make their children self dependent.

Objective

To determine the effectiveness of selected nursing interventions on knowledge and attitude regarding homecare management of Autistic children among caregivers.

METHODOLOGY

Research design: Pre- experimental one group pretest-post test design was used for the study.

Variables:

Independent Variable - selected nursing interventions regarding homecare management of Autistic children.

Dependent Variable - knowledge and attitude regarding homecare management of Autistic children.

Setting: The study was conducted at St. John of God Special School,Pampady at Kottayam district.

Population:

Target population – Caregivers who are handling the children and visiting the special schools.

Accessible population**-** Caregivers who are handling the children and fulfills the inclusion criteria and visiting special School St. John of God, Pampady at Kottayam district.

Sampling: Sixty caregivers who satisfied the inclusion criteria were selected by convenient sampling technique.

Intervention: Selected nursing interventions comprises of:-

1. **Lecture cum discussion**

Lecture cum discussion for about 1 Hr and 30 minutes on Lecture cum discussion for about 1 Hr and 30 minutes on general information on Autism, life skills and homecare management of Autistic children.

2. Demonstration:

The researcher demonstrates the Autism Homecare strategies for the caregivers . The total duration of the demonstration was 30 minutes.

3. Pamphlet

Pamphlet contains information regarding Homecare Management of Autistic children .

Measurement and tool: The pre and post test level of knowledge and attitude was assessed by Structured knowledge questionnaire and attitude scale**.** Both descriptive and inferential statistics were used for data analysis.

RESULTS: The findings of the study revealed that the pretest mean knowledge score was 4.22 with the SD of 3.05 and the post test mean score was 24.20 with the SD of 1.88. The calculated 't' value, t =38.156 highly significant at $p<0.001$ level. The attitude score revealed that the pretest mean score was 36.47 with the SD of 2.90 and the post test mean score 113.83 with the SD of 7.31. The calculated 't' value was t = 76.005. The correlation of knowledge and attitude showed r value r = 0.450 which was moderately significant at $p<0.01$.

The one way ANOVA 'F' test and unpaired 't' test was used for association. The calculated 'F' value indicated that there was a moderately significant association of age of the caregiver and type of marriage of parents on the knowledge of the caregivers, a moderately significant association was able to identify between caregivers education and family income on the attitude of the caregivers.

DISCUSSION

The study findings revealed that the selected nursing interventions established a significant improvement on knowledge and attitude regarding homecare management of Autistic children among caregivers.

IMPLICATIONS

The primary role of the Mental Health Nurse is to integrate mental health care with general health care. Selected nursing interventions for the caregivers is successful in imparting knowledge and molding the attitude on homecare management of Autistic children. The research evidence shows that selected nursing interventions showed significant improvement in knowledge and attitude of the caregivers regarding homecare management of Autistic children. It can be used or adopted in different socio economic groups.

CONCLUSION

Selected nursing interventions holds guarantee as part of a comprehensive strategy to manage Autistic children. It has been proven to optimistically influence the knowledge and attitude among caregivers.

INTRODUCTION

Autism Spectrum Disorders (ASD) are disruptions in the neurological development of a child, which result in significant delays in the development of communication skills, impairments in social developments, as well as challenges in forming and maintaining interpersonal relationships. As they mature, children with Autism typically have an inability to interpret non-verbal social cues and cannot experience empathy. In addition to these barriers between the child and the important people in his or her life, the autistic child develops ritualized repetitive movements, such as rocking, along with other behaviours, such as head banging, which can cause serious injury. These symptoms is evident before the age of three in order for a doctor to diagnose a child with Autism. **National Institute of Health (2011)**

Autism is a life-changing disorder characterized by a profound withdrawal from contact with people, repetitive behavior, and fear of change in the environment. The emotional disorder affects the brain's ability to receive and process information. (**World Health Organisation, WHO, 2010)**

People who have Autism find it difficult to act in a way that other people think is "normal". They find it difficult to talk to other people, to look at other people and often do not like being touched by other people. A person who has Autism seems to be turned inwards. They may talk only to themselves, rock themselves backwards and forwards, and laugh at their own thoughts. They do not like any type of change and may find it very difficult to learn a new behaviour like using a toilet or going to school.

Families who have handicapped children face many problems. Our society tends to believe in a positive correlation between normality, intelligence, emotion and that the handicapped child has less intelligence and fewer feelings than the normal child. Many people also believe that if the handicapped are segregated from other children, their caregivers and teachers can provide more intensive assistance with their individual problems.

The pervasive and severe deficits often present in children with ASD are associated with a plethora of difficulties in caregivers, including decreased parenting efficacy, increased

parenting stress, and an increase in mental and physical health problems compared with parents of both typically developing children and children with other developmental disorders. In addition to significant financial strain and time pressures, high rates of divorce and lower overall family well-being highlight the burden that having a child with an ASD can place on families. These parent and family effects reciprocally and negatively impact the diagnosed child and can even serve to diminish the positive effects of intervention. However, most interventions for ASD are evaluated only in terms of child outcomes, ignoring parent and family factors that may have an influence on both the immediate and long-term effects of therapy. It cannot be assumed that even significant improvements in the diagnosed child will ameliorate the parent and family distress already present, especially as the time and expense of intervention can add further family disruption. Thus, a new model of intervention evaluation is proposed, which incorporates these factors and better captures the transactional nature of these relationships.

1.1 BACKGROUND OF THE STUDY

Autism is a global health crisis that knows no borders. It does not discriminate based on nationality, ethnicity or social status. It's high time that the world begins to recognize the scope of this problem and acts internationally and locally to improve the lives of the number of individuals and families affected by this devastating disorder.

Global Scenario:

The Center for Disease Control (**2013**) estimated that one in every 50 school children are diagnosed with ASD. A 1.16% increase from the estimates revealed in 2012. Other post-industrial counties are experiencing a similar trend of rising autism spectrum disorder incidence rates in the UK reported in 2012 an increase of 56% of children with autism in the last five years. While Autism Spectrum Disorder is increasing globally overall, however, many developing countries are reporting significantly lower rates

Cable News Network (CNN) 2012 reported that overall earnings in families with children with autism are 28% ($17,763) less compared to families whose children do not have health limitations, and 21% ($10,416) less compared to families with children with other health limitations. Mothers of children with an Autism Spectrum Disorder tend to earn 35% less than mothers who have children with different health limitations. In fact, $7189 less

on average. Compared to mothers of children who do not have health limitations, those with Autistic children earn 56% less, which translates to an average difference of $14,755. There was no average difference in fathers' incomes, however. Families in which a child has an autism spectrum disorder are 9% less likely to have both parents working than other families.

World Health Prospectus (2012) reported that Autism is one such condition in which the most challenging disabilities we will encounter among children. A major multi developmental disorder of unknown cause, which requires intensive multidisciplinary intervention and lasts a life time. Despite the lack of prevalence data on Autism worldwide, there are emerging trend numbers suggesting tens of millions of children and adults having Autism Spectrum Disorders. As the numbers increase, the resulting costs of this lifespan condition on national economies rise concurrently; by 2020 it is estimated that the cost of caring for 1.75 million Americans with Autism Spectrum Disorder (ASD) will be 90 billion (dollars) per year. In countries such as India, Russia and Nigeria, these costs could cripple a nations health and education budgets within a few years. Raising a child with an Autism Spectrum Disorder (ASD) can be an overwhelming experience for parents and families.

Cable News Network (CNN) 2012 reported that one in 68 U.S. children has an Autism Spectrum Disorder (ASD), a 30% increase from 1 in 88 two years ago. The incidence of Autism ranged from a low of 1 in 175 children in Alabama to a high of 1 in 45 in New Jersey, according to the CDC. Children with Autism continue to be overwhelmingly male. According to the news report, the CDC estimates 1 in 42 boys has Autism, 4.5 times as many as girls (1 in 189).

Autism and Developmental Disabilities Monitoring Network (2012) ADDM estimated that 1 in 88 children had been identified with Autism Spectrum Disorder (ASD). Since the average school bus holds 50–55 children, that means, statistically speaking, on average there is one child with parent-reported ASD on every school bus in America. They concluded that the increase in prevalence of parent-reported ASD was largely due to improved diagnosis of ASD by doctors or other health professional in recent years, especially when the symptoms were mild.

TABLE 1.1: AUTISM IN SOUTHERN ASIA (EXTRAPOLATED STATISTICS)

Country/Region	Extrapolated Prevalence	Population Estimated Used
Afghanistan	314	28,513,677[2]
Bangladesh	1,558	141,340,476[2]
Bhutan	24	2,185,569[2]
India	11,747	1,065,070,607[2]
Pakistan	1,755	159,196,336[2]
Sri Lanka	219	19,905,165[2]

TABLE 1.2 IDENTIFIED PREVALENCE OF AUTISM SPECTRUM DISORDER ADDM NETWORK 2000 – 2010 COMBINING DATA FROM ALL SITES

SURVEILLANCE YEAR	BIRTH YEAR	NUMBER OF ADDM SITES REPORTING	PREVALENCE PER 1000 CHILDREN	1 IN X CHILDREN
2000	1992	6	6.7	1 IN 150
2002	1994	14	6.6	1 IN 150
2004	1996	8	8.0	1 IN 125
2006	1998	11	11	1 IN 110
2008	2000	14	11.3	1 IN 88
2010	2002	11	14.7	1 IN 68

The Autism Society (2010) calculated and identified respective country's approximate prevalence rates of Autism diagnoses of children living in other countries throughout the world and combined as follows:

TABLE 1.3: PREVALENCE RATES OF AUTISM

COUNTRY	RATES IN RATIO
Australia	6.25 in 1000
China	1.1 in 1000
Denmark	Nearly 9 in 1000
Japan	Nearly 3 in 1000
Canada	1 in 154
Sweden	1 in 188
Denmark	1 in 833
Iceland	1 in 769
Philippines	500,000 children, total
Thailand	180,000 children, total

According to WHO, in its 2007 Global Burden of disease reported on mental and neurological disorders highlighted the critical situation that the world faces with a growing population that includes those with Autism. The report demonstrated that traditional epidemiological methods of disease has been greatly underestimated mental and neurological disorders by tracking mortality, but not the disability rates, which estimates for about 11 percent. The report concluded that the proportionate share of the total burden of disease due to neuropsychiatric disorders is expected to rise to 14.7 percent by 2020.

Indian Scenario:

The Centres For Disease Control And Prevention, (2010) CDC reported that India is a home to about 10 million people with autism and the disability has shown an increase over the last few years. One in every 88 children today is born with Autism Spectrum Disorder (ASD) against a ratio of one in 110 few years back.

India has a population close to that of China with 1,129,866,154 people. In India 2,000,000 of those have some form of Autism. The Action for Autism (AFA) puts the number a little lower at 1.7 million or 1 in 500. The other leading countries are, the United Kingdom, Mexico (50000), the Philippines (500,000) and Thailand (180000).

India alone has 50,000 of Pervasive Developmental Disorders, especially of which nearly 20,000 constitute of Autistic Disorder. Recent statistics by spastic society, Bangalore revealed 1 in every 90 children is Autistic. Autism society of India reveals the statistical data as 10- 15 percent of the disabled are Autistic. The most debilitating fact is among the disabled 4-5 percent, 1 percent and 2 percent of total disabled children respectively.

In India's current population, there are more than 2 million Autistic persons in the country. This estimate assumed that there are no significant variations in this rate worldwide, which is a question that has not yet been addressed by epidemiologists outside the west. While the disorder is not rare, the majority of Autistic people in India are not being diagnosed and do not receive the services they need. This problem occurs in many countries, but is especially true in India where there is a tremendous lack of awareness and misunderstanding about Autism among the medical professionals, who may misdiagnose the condition.

One of the major difficulties faced by parents of children with Autism in India is obtaining an accurate diagnosis. A parent may take their child to a Paediatrician and a Psychologist to be diagnosed as Mental Retarded or Autistic. Later on after detecting the child as Autistic, there will be a demand for services. Schools will be forced to educate caregivers, if they find that more awareness of the disorder spreads which can foster a demand for services. Schools will be forced to educate themselves if they find that more of the population they serve are Autistic.

1.2 NEED AND SIGNIFICANCE OF THE STUDY

Autism takes its toll on the family as well as the child. Parents have often been dealing with and worrying over their child for months or even years before the child is diagnosed and brought in for treatment, the parents usually feel anxious, tired, guilty and confused. An assessment of their strengths, weakness and resources can help to define the type of treatment that is possible.

To confirm a diagnosis of ASD, the child must undergo a comprehensive evaluation involving a multidisciplinary team-Psychologist, Neurologist,Psychiatrist,Speech pathologist and sometimes a special educational evaluator and occupational therapist. If clinically

indicated, the child also undergoes metabolic or other targeted tests, brain imaging and electroencephalography. In many cases, hearing tests and screening for lead exposure are done.

Treatment of Autistic children may involve psychotherapy, residential treatment and psychotropic medications. Intervention begins with the family. Parental support is imperative. They need emotional support. This begins to reduce their burden, anxiety and guilt. Where disturbed parenting methods exist, they should be identified and replaced by healthier measures. This can be done through parent education, role modelling and supportive counselling.

There are massive efforts underway to unravel the causes of Autism and develop effective treatments. Recent trends are focusing on increasingly early diagnosis (before age 2) and earlier interventions are likely to continue. Parents expanding role in remediating autism's severe social deficits seems to be promising trend, as does rapid improvement in infant brain imaging. While a cure for this baffling and frustrating developmental disorder is unlikely in the future, Autism is undoubtedly yielding steadily a public and professional awareness.

Michael et al (2012) conducted a study on maternal burden in families with children with Autistic Spectrum Disorder to investigate the extent of maternal burden in mothers of children with Autism. The sample comprised of 100 persons with Autism and 100 mothers, who were identified as part of a prevalence study of Autism in Ireland. The study findings indicated that the ability of the person with Autism to care for their own needs has a major impact on maternal well being and mothers of children with high levels of dependency also had the highest levels of family burden and social problems. Mothers with minor problems had the most independent and oldest children, with the lowest levels of social problems and family burden.

Yamanaka T etal (2011) conducted a study to assess the effectiveness of scheduled training programme for 39 families of Autistic children on grooming. 34 out of 39 families were found to have a faulty family system according to reiss typology, distant sensitive consensus sensitive. Though behaviour disorder in the Autistic Child was not found to

be related to that type of faulty family, parental perceptions of their child behaviour disorder were different in the distant sensitive types. Results were in the context of the interface between the family system and the adaptation of an Autistic child.

Matson J (2005) conducted a study on self help skill teaching primarily through videotapes and instructional manuals for media based versus professionally led knowledgeable parents of Autistic children. Media trained families evaluated their programme very positively and showed significantly greater gains than did control group parents. The study revealed that live training increased parents knowledge of behavioural principles more than did media based training. But otherwise the results of the two conditions were quite similar and making media–based training were more widely available.

Lisa Jo Rudy(2010) conducted a survey study was on advance care planning for children with Autism that explored parental knowledge about their special needs attending a conference sponsored by Massachusetts Department of Public Health for parents of children with special needs. The questionnaire was provided to all parents attending the conference. The study concluded parents unified with the care being provided to their children and wanted many such programmes to be aware of recent methods in caretaking.

Bailey Db (2004) conducted an experimental study revealed that several parents of Autism children participated in a programme on behavioural procedures to the specific problems presented by their children. A pre- test and post- test experimental design was used. A battery of outcome measures was employed including parent child interactions in the home environment. Although the results were somewhat mixed, in general the parents indicated that the programmes were helpful and improved their knowledge of behavioural principles. Some positive changes in parent child interactions at home were also observed.

Plienis, Anthony J. Robbins et al (2010) conducted an experimental study on parent adjustment and family stress as factors in behavioural parent training for young autistic children. The study discusses on parental adjustment and family stress associated with Autism. The application of a method to evaluate outcomes in an ongoing parent training

project for Autistic Children is described, and data on 7 families involved in the project are summarized. Two cases are offered to illustrate the potential relationship between parent and family functioning and treatment outcome.

The investigator has personally experienced that most of the caregivers are not showing any support or affection towards their Autistic children after admitting them in a special school. They believed that, special school training will develop their children's intellectual and adaptive functioning. This incident provoked the interest of the investigator to select this study for research and to promote home care management among caregivers of Autistic children.

1.3 STATEMENT OF THE PROBLEM

A pre-experimental study to assess the effectiveness of selected nursing intervention on knowledge and attitude regarding homecare management of Autistic children among care givers at a selected setting.

1.4 OBJECTIVES

1. To assess the existing level of knowledge and attitude regarding homecare management of Autistic children among caregivers.
2. To assess the effectiveness of selected nursing intervention on knowledge and attitude regarding homecare management of Autistic children among care givers.
3. To correlate the overall mean differed level of knowledge with attitude regarding homecare management of Autistic children among caregivers.
4. To associate the selected demographic variables with mean knowledge and attitude regarding homecare management of Autistic Children among caregivers.

1.5 OPERATIONAL DEFINITIONS

1.5.1 Effectiveness

Refers to outcome of the selected nursing intervention on level of knowledge and attitude regarding home care management of Autistic children among care givers.

1.5.2 Selected Nursing interventions

Refers to the education for the caregivers with the aim of improving their knowledge and attitude regarding home care management of Autistic children through selected nursing interventions which includes:

Lecture cum discussion

Lecture cum discussion on general information on Autism, life skills and homecare management of Autistic children among caregivers.

Demonstration : On techniques to improve communication skills such as showing pictures to improve the communication of the children.

Reinforcement

Pamphlet: On homecare management of Autistic children among caregivers such as on pointing skills, communication skills, imagination and play skills, toileting skills, getting attention, eye contact, imitation skills and turn taking .

1.5.3 Knowledge

Refers to the ability of the caregiver to answer question regarding home care management of autistic children which is assessed by using structured knowledge questionnaire.

1.5.4 Attitude

It is the perception of the caregivers regarding homecare management of Autistic children.

1.5.5 Homecare Management

It refers to the care of autistic children on self care, communication, physical mobility, homecare environment and self identity which is given at home by the care givers of Autistic children.

1.5.6 Autistic Children

Autism is a disorder of neuro developmental disorder characterized by impaired social interaction, verbal and non-verbal communication, and by restricted and repetitive behaviour.

1.5.7 Caregivers

Refers to an individual, either mother, father or relatives who attend the needs of autistic children**.**

1.6 ASSUMPTIONS

1. Caregivers of autistic children may have some knowledge and attitude regarding homecare management of Autistic children.
2. Selected nursing interventions may enhance the knowledge and attitude among caregivers regarding homecare management of Autistic children.

1.7 NULL HYPOTHESIS

NH_1: There is no significant difference between the pretest and post test level of knowledge and attitude on homecare management among caregivers. ($p < 0.05$).

NH_2: There is no significant relationship between the overall mean differed level of knowledge and attitude on homecare management among caregivers. ($p<0.05$).

NH_3: There is no significant association between the mean differed level of knowledge and attitude with their selected demographic variables**.** ($p<0.05$)

1.8 DELIMITATIONS

1. The study was delimited to a period of 4 weeks.
2. The study was delimited only to special school.

1.9 CONCEPTUAL FRAMEWORK

Conceptual framework is a complex whole of interrelated concepts or abstracts that are assembled together in some rational scheme by virtue to a common theme. A conceptual model provides for logical thinking for systematic observation and interpretation of observed data. The model also gives direction for relevant questions on phenomena and points out solutions to practical problems as well as serves as a spring board for the generation of hypothesis to be used.

The conceptual framework used for this study is based on general system model approach. It was developed by **Ludwig Bertanlanffy** (1968) and modified by **J.W.Kenny** and it is called **Open System Model.** The system consists of a set of interacting components, with a boundary that filters both the kind and rate of exchange with the environment. The system has been defined as "set of components or units interacting with each other within a boundary that filters both the kind and rate of flow of inputs and outputs from the system." The open system theory concerned with changes due to interaction between the various factors (variables) in a situation. In human beings, interaction between person and environment change continuously. The general systems theory provides a way to understand the many influences on the whole person and the possible input of change of any part of the whole".

The key concepts of **Kenny's open system model** are input, throughput and output. Input refers to the matters and information which are continuously processed through the system and released as outputs. After processing the input, the system returns output (matter and information) to the environment in as altered state, affecting the environment for information to guide its operation. This feedback information of environment responses to the system output is used by the system in adjustment correlation with the environment. Feedback may be possible, negative or neutral. In this study the concepts have been modified as follows.

Input:

Input is defined as any information, energy, or material that enters into the system through its boundary. It is a process by which a system is able to communicate and react with its environments. In this study, the input is package devised to improve the knowledge and attitude regarding homecare management of Autistic children among caregivers. The investigator assesses the pretest level of knowledge and attitude on homecare management of Autistic children among caregivers along with selected demographic variables.

Throughput:

Throughput is the process that occurs at some point between input and output process, which enables the input in such a way that, it can be readily used by the system. In this study the investigator educating the caregivers regarding homecare management among caregivers

with Autistic children through lecture cum discussion, demonstration and pamphlet distribution.

Output:

It is the end product of a system. The energy, matter or information is given out by the system as a result of its processes. In this study it refers to the attainment of adequate knowledge and favourable attitude regarding homecare management among caregivers with Autistic children. The expected outcome of the study was evaluated after the administration of selected nursing interventions by assessing the level of knowledge and attitude regarding homecare management among caregivers with Autistic children.

Feedback:

It is the evaluation or response of a system. In this study the feedback considered as processing and maintaining the knowledge and attitude given during homecare management among caregivers with Autistic children. It is assessed through various statistical analysis.

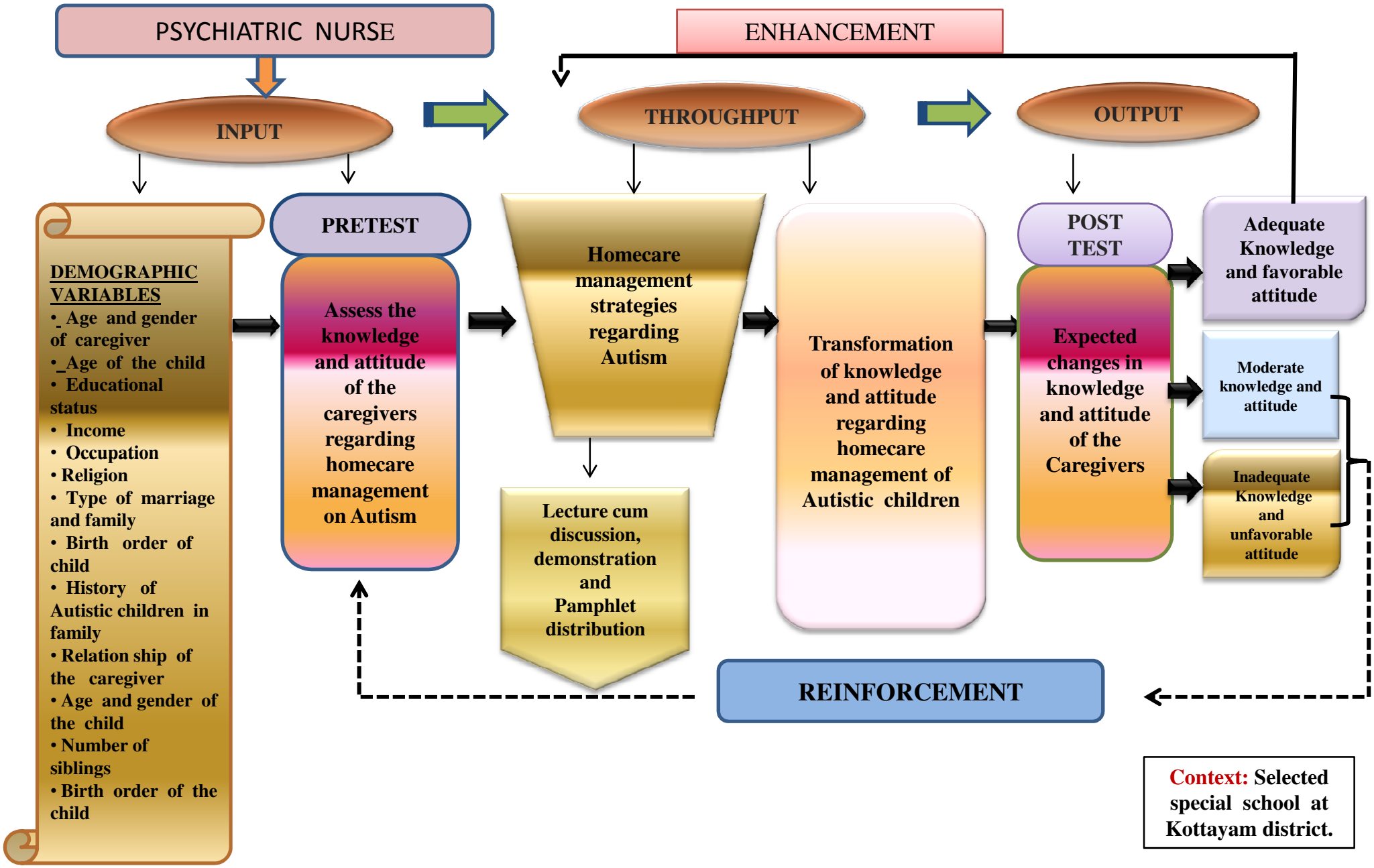


Fig 1.1 conceptual framework based on J.W.Kenny's Open System Model (1999)

1.10 OUTLINE OF THE REPORT

CHAPTER 1 : Dealt with the back ground of the study, need for the study, and statement of the problem, objectives, operational definitions, null hypotheses, assumptions, delimitations and conceptual frame work.

CHAPTER 2 : Focuses on review of literature related to the present study.

CHAPTER 3 : Enumerates the methodology of the study.

CHAPTER 4 : Presents the data analysis and data interpretation.

CHAPTER 5 : Deals with the discussion of the study

CHAPTER 6 : Gives the summary, conclusion, implications and limitations of the study.

The study report ends with selected references and appendices.

REVIEW OF LITERATURE

Review of literature is a systematic search of a published work to gain information about a research topic **(Polit and Hungler 2011).** Related literature both research and non-research was explored to broaden the understanding and to gain an insight into the selected problem under study. The literature review was based on extensive survey of books, journals and international nursing studies. The present study aimed at assessing the effectiveness of selected nursing interventions on knowledge and attitude regarding homecare management among caregivers.

The purpose of the review was to obtain information regarding selected nursing interventions on homecare management of Autistic children, caregivers knowledge and attitude regarding homecare management and materials available for homecare management. This chapter is presented into two headings:

SECTION 2.1 : Scientific reviews related to home care of Autistic children among caregivers.

SECTION 2.2 : Scientific reviews related to effectiveness of training programs of Autistic children among caregivers.

SECTION 2.1: Scientific reviews related to home care of Autistic children among caregivers.

Kheir NM, Ghoneim OM et al (2012) conducted a qualitative study on concerns and considerations among caregivers with a child with Autism in Qatar children rehabilitation clinics. Investigator recruited caregivers with a child with Autism who was between the age of 3 to 17 years into experimental group and the control group was represented by -autistic child between the age of 3 to 17 years old. The study results revealed that the Children in the Autism group spent more time indoors, watching television, or sleeping than children in the non-autism group and 40% of caregivers of children with Autism frequently utilized specialized rehabilitation services. The study focussed attention to the concerns of the families of children with Autism and their expectations about the future of their children**.**

Jennifer B Symon (2012) conducted a single case research programme in Newzealand to assess the of effect of a parent education programs among families having children with Autism. This study presents outcome data from a week-long parent education program for families of children with Autism to suggest that parents can learn not only how to effectively implement strategies into their interactions with their children but also to train others who work with their children. The study results indicated that parents successfully trained others to implement the techniques presented during the program.

Strain, Phillip S.Danko, Cassandra D (2012) conducted an experimental study to assessed the effectiveness of a classroom-based social skills intervention package among caregivers between preschoolers with Autism and their siblings. The study revealed that caregivers successfully adapted the validated social skills package for use in home situations to encourage positive social interactions between young children with Autism and their siblings.

Hettersely (2011) conducted a descriptive survey to assess the knowledge of caregivers regarding home based care of Autistic children in Australia. This was adopted to collect the data by using structured interview schedule to 52 parents of Autistic children based on purposive sampling technique and was found that 82.2% of the parents were not aware of special home based care as caregivers and reported that they faced pain and bewilderment.

Koyama T,Wang HT (2011) conducted a meta analysis on the use of activity schedule to promote independent performance of individuals with Autism and other intellectual disabilities. A literature review was conducted on the effectiveness of activity schedules. Twenty three studies that a) were peer-reviewed b) were experimental c) implemented activity schedule as a primary intervention d) incorporated multiple activities, and e) aimed to teach learners to self-manage individual schedules were included in the review. The results demonstrated the effectiveness of activity schedules for promoting independence and self-management skills for a broad range of individuals with intellectual disabilities.

Harris MD (2010) conducted an experimental study stated that home healthcare nurse has the opportunity to care individuals who are mentally retarded or families who have Autistic children in different types of community residences. Nursing assessments and interventions are initiated at various times in lifecycle. The goal was to help the individual and family members to attain their maximum level of health, function, independence, recognition and self esteem which was achieved up to the desired level.

Siller, Michael Sigman, Marian (2010) conducted an experimental study on the behaviors of parents of children with Autism predicted the subsequent development of their children's communication. The study focused on behaviors that caregivers of children with Autism show during play interactions, particularly the extent to which the caregiver's behavior is synchronized with the child's focus of attention and ongoing activity. The study had two major findings. First, caregivers of children with Autism synchronized their behaviors to their children's attention and activities. Second, caregivers of children with Autism showed higher levels of synchronization during initial play interactions than children who developed superior joint attention and language than did children of caregivers who showed lower levels of synchronization initially. These findings suggested a developmental link between parental sensitivity and the child's subsequent development of communication skills in children with Autism.

Trienbacher S L Tegano D W (2010) conducted a comparative study to assess home healthcare skills among 54 children with Autism. Autistic children were selected from handicapped and non handicapped families. Children residing in their natural home families were selected and interviewed. The impact of an Autistic child with severe handicap on adjustment of families was greater than that of other groups with only Autistic children had the highest mean score of the home quality rating scale. Study results emphasized more importance to be stressed on the families on rearing child practices for better child independency.

Anderson, Stephen R. Avery et al (2010) conducted a study to assess the effectiveness of intensive educational programs with home-based early intervention among Autistic children. The model includes (a) systematic use of behavioural teaching techniques

and treatment procedures; (b) intensive training conducted in each child's natural home; and (c) extensive parent training. Study revealed that the 14 years old children who participated demonstrated significant gains in language, self-care, and social and academic development.

SECTION 2.2 : Scientific reviews related to effectiveness of training programs of Autistic children among caregivers.

Medeiros K, Winsler A (2014) conducted an experimental study on the effectiveness of Parent-Child Gesture Use During Problem Solving in Autistic Spectrum Disorder which examined the relationship between child language skills and parent and child gestures of 58 youths with and without an ASD diagnosis. The study revealed that Children with ASD had lower Peabody Picture Vocabulary Test scores and gestured less and at lower rates compared to typically developing children where as gesture use was unrelated to vocabulary for typically developing children, but positively associated with vocabulary for those with ASD.

Walton KM (2014) conducted a micro analytic study about the influence of maternal language responsiveness on the expressive speech production of children with Autism Spectrum Disorders. This study used a micro-analytic technique to examine how two facets of maternal utterances, relationship to child focus of attention and degree of demandingness, influenced the immediate use of appropriate expressive language of preschool-aged children with ASD (n = 28) and toddlers with typical development (n = 16) within a naturalistic mother-child play session. The findings suggested that following a child's lead while prompting for language is likely to elicit speech production in children with ASD and children with typical development. Furthermore, using orienting cues may help children with ASD to verbally respond.

Boettcher Williams, Sharon E. Mercier et al (2013) conducted a study to assess the pivotal response group treatment program for parents of children with Autism to demonstrate that parents can learn Pivotal Response Training (PRT) in group therapy, resulting in correlated gains in children's language. The number of children diagnosed with ASD is increasing, necessitating the development of efficient treatment models. Baseline and post-treatment data were obtained and examined for changes in (a) parent fidelity of PRT implementation, and (b) child functional verbal utterances. The study findings suggested that

parents can learn PRT in a group format, resulting in correlated child language gains, thus future controlled studies are warranted.

Jull, Stephanie Mirenda, Pat (2013) conducted a study to assess the effectiveness of parents implemented play date facilitators for preschoolers with Autism. Two parents were taught to design cooperative play arrangements to facilitate social interactions between their children with Autism and typically developing peers in their homes. Two independent reversal designs were used to demonstrate functional relationships between parent-implemented, contextually supported play dates and an increase in synchronous reciprocal interactions for both participants. The study revealed a high validity for the intervention.

Ingersoll BR, Wainer AL (2013) conducted an experimental study on school-based parent training program for preschoolers with ASD investigated the feasibility and preliminary effectiveness of a parenting training. Thirteen teachers representing three intermediate school districts implemented the intervention with 27 students and their parents. Eighty-nine percent of families completed the program. Parents and teachers reported significant gains in child mastery of social-communication skills, a decrease in social impairment and in parenting stress. Both groups rated the intervention highly in regard to treatment acceptability, perceived effectiveness and usability. The study suggested that this intervention can be feasibly implemented in public for early intervention and early childhood special education settings.

Shea (2013) conducted a pre experimental study on weekly collaborative consultation between parents and teachers handling Autistic children. Ten parents and teacher pairs were consulted for 60 minutes, weekly throughout the school years about students who have been identified as having learning problems. Each week the pairs identified a specific functional classroom goal and designed either remedial or compensatory intervention success. Study concluded that teacher preference for compensatory and academic goals indicated that parents collaborations can be useful for teaching new skills of home based care to link interventions to academic goals in school contents.

Sharp WG, Burrell TL, Jaquess DL (2013) conducted a randomized controlled study on the Autism MEAL Plan: A parent-training curriculum to manage eating aversions and low intake among children with Autism. A total of 10 families participated in the treatment condition, and the program was evaluated using a waitlist control design (n = 9).The study results provided provisional support regarding the utility of the program, including high social validity, parent perception of effectiveness, and reduced levels of caregiver stress following intervention.

Chaabane, Delia B. Ben et al (2012) conducted a multiple baseline study to assess the effects of parent-implemented PECS training on improvisation of mands by children with Autism. The study assessed the extent to which mothers were able to train their children, 2 boys with Autism, to exchange novel pictures to request items using the Picture Exchange Communication System (PECS). Generalization probes assessing each child's ability to mand for untrained items were conducted throughout conditions. The study results revealed that both children improvised by using alternative symbols when the corresponding symbol was unavailable across all symbol categories (colors, shapes, and functions) and that parents can teach their children to use novel pictorial response forms.

Kasari, Connie Gulsrud et al (2012) conducted a Randomized Controlled Trial on caregiver mediated joint engagement intervention for toddlers with Autism. The intervention consisted of 24 caregiver-mediated sessions with follow-up 1 year later. Compared to caregivers and toddlers randomized to the waitlist control group the immediate treatment (IT) group made significant improvements in targeted areas of joint engagement. The study revealed that immediate treatment group demonstrated significant improvements with medium to large effect sizes in their responsiveness to joint attention and their diversity of functional play acts after the intervention with maintenance of these skills 1 year post-intervention

Coolican, Jamesie Smith et al (2012) conducted a study to assess the effectiveness of Parent training in Pivotal Response Training(PRT) on enhancing the communication skills of children with Autism. Eight preschoolers with Autism and their parents participated in the study. Parents' fidelity in implementing pivotal response treatment techniques also improved training, and generally these changes were maintained at follow-up. The findings of

the study suggested that brief parent training in PRT promises to provide an immediate, cost-effective intervention which had shown great effectiveness on communication skills.

Kevin Michael Langone, John (2012) conducted an experimental study on education and training in Developmental disabilities. Efficacy research on video based instruction for children with Autism is a promising area for practitioners and researchers. Researchers are successfully using video to teach a variety of social and functional skills. This study examined these findings and examines critical features of each of the studies that contribute most to the ways of educators, care givers and others can best employ video to teach young people with Autism. The study concluded that this area of research is expanding, more detailed studies are needed to better describe specific aspects of video based instruction.

Kamiyama, Tsutomu Noro, Fumiyuki (2012) conducted a baseline experimental study on the effectiveness of parent-implemented interventions based on functional assessment of toilet skills among 2 children with Autism. The parents were trained to implement the procedures with their children. The procedures were changed on the basis of the results from their implementation. The data were collected by the parents and study revealed that both children's correct toileting behaviour increased and their incorrect toileting behaviour decreased. The results suggested that training parents to use procedures based on functional assessment and discussions with parents and modifying the procedures on the basis of parents' records were effective in increasing the children's appropriate toilet skills.

Hsieh HH, Wilder DA, Abellon OE (2012) conducted a structured teaching programme to assess the effects of training on caregiver implementation of incidental teaching. A brief training package consisted of modeling, rehearsal, and feedback was evaluated to train caregivers to use incidental teaching to teach 3 children with Autism. The study concluded that the training package improved correct implementation of the incidental teaching procedure by caregivers and indicated that caregivers could apply these skills to teach the child an additional skill

Symon, Jennifer B (2011) conducted single case research study to assess the effectiveness of Expanding Interventions for Children With Autism Parents as Trainers in USA among families of children with Autism. The study revealed to suggest that parents

can learn not only how to effectively implement strategies into their interactions with their children but also to train others who work with their children.

Cavkaytar, AtillaPollard, **Elena (2011)** conducted an experimental study for education and training in developmental disabilities to assess the effectiveness of Parent And Therapist Collaboration Program (PTCP) for teaching self-care and domestic skills to individuals with Autism. Three individuals with Autism, one habilitation provider, and three parents participated in the study. The study result showed that the PTCP was effective for teaching self-care and domestic skills to children with Autism.

Pottie, Colin G. Cohen et al (2011) conducted a qualitative study on parenting a child with Autism and contextual factors associated with enhanced daily parental mood. To examine the extent to which social support, unsupportive interactions, support services, and disruptive child behaviors predict daily positive and negative mood in parents of children with Autism. Ninety-three parents of children with Autism completed over 3 months. Greater levels of daily positive mood were associated with more emotional and instrumental support, and less parenting stress and unsupportive interactions. Emotional support, unsupportive interactions, and disruptive child behaviors moderated the stress–mood relationship. Daily received social support and unsupportive interactions, and disruptive child behaviors are important predictors of daily mood. Study concluded that identifying interpersonal processes enhanced psychological well-being.

Ayres (2010) conducted a pre-experimental study to assess the Intervention and Instruction with Video-assisted Education and Training on Developmental Disabilities along with social and functional skills. The study results revealed that video assisted teaching was more effective than other methods The study concluded that the care givers and others can use video to teach young people with Autism.

Elder, Jennifer Harrison (2010) conducted an experimental study to assess the in-home communication intervention training for parents in Newzealand using ecological communication among caregivers with Autistic child. Following 2 parent training sessions, mothers held videotaped training sessions with their children for 10 min,3/wk for 8–22 wks. The study revealed that all mothers demonstrated increase in the frequency with which they

used the child-training skills following treatment. Study concluded that Increase in vocal utterances, social responding, social initiating, and intelligible words spoken were also noted in the children.

Chamak, Brigitte (2010) conducted an empirical investigation to analyse the social movements brought about by Autism-related issues. The study highlighted on the historical dynamics of the mobilisation of French parents' associations and the engagement of autistic persons' organisations. At the international level, the newly-born associations of Autistic individuals have introduced new actors who sometimes reproach the parents' associations for speaking on their behalf. The study revealed that their members no longer want to be considered as patients but as individuals with a different cognitive mode of functioning. Their actions can be analysed in the broader context of the disability movement. If the disability movement is considered as the latest generation of social movements, the action of autistic persons can be viewed as the latest generation of the disability movements.

De Gangi (2010) conducted a study to explore the parents points of view regarding their children participating in occupational therapy using sensory integration approach in UK. Data were collected through interview and were analyzed using grounded theory methods. The parents perception of the benefits of therapy of their children work were categorized into three interrelated constructs, abilities activities and reconstruction of self worth for themselves . Parents valued understanding their children behaviour in new ways which facilitated a new shift in expectation for themselves and their children. The study concluded that parenting experiences were able to support and advocate for their children proved to be an implication for family centred therapy.

Wood B J (2010) conducted a study on 28 children on repetitive behaviours of Autistic children who were undergoing training on daily living skills techniques for a period of 4 months at home with the help of special educators and parents. Results have shown that significant decrease in repetitive behaviours of the subjects under study. The same study aimed at conducting programme on tactile stimulation to reduce repetitive behaviour in Autistic children. The study concluded that after 4 months statistically significant effects were demonstrated, but the target behaviour was not achieved completely.

RESEARCH METHODOLOGY

This chapter deals with the methodology followed to assess the effectiveness of selected nursing interventions on knowledge and attitude regarding homecare management of Autistic children. The phase of the study includes research approach, design, variables, setting, population, sample and sample size, criteria for sample selection, sampling technique, description of the tool, content validity and reliability of the tool, pilot study, data collection procedure and plan for data analysis.

3.1 RESEARCH APPROACH

Quantitative research approach was used for this study.

3.2 RESEARCH DESIGN

Pre- experimental one group pre-test post-test design was used for this study.

GROUP	Pretest O_1	Intervention X	Post test O_2 (after two weeks)
Caregivers	Assess the existing level of knowledge and attitude regarding homecare management of Autistic children among caregivers with the help of structured knowledge questionnaire and attitude scale.	Selected Nursing Interventions on homecare management of Autistic children through lecture cum discussion, demonstration on communication techniques and pamphlet distribution on homecare management of Autistic children.	Assess the post test level of knowledge and attitude regarding homecare management of Autistic children among caregivers with the help of structured knowledge questionnaire and attitude scale.

3.3 VARIABLES

3.3.1 Independent Variable

The independent variable of the study was the selected nursing interventions regarding homecare management of Autistic children among caregivers.

3.3.2 Dependent Variable

The dependent variable of the study was the knowledge and attitude regarding homecare management of Autistic children among caregivers.

3.3.3 Extraneous Variables

Demographic variables of the caregivers include age and gender of the caregiver, educational status, income, occupation, religion, type of marriage and type of family, relationship of the caregiver, history of autistic children in the family, age of the child, gender of the child, birth order of the child and siblings of the child.

3.4 SETTING OF THE STUDY

The study was conducted at St John of God situated at Kottayam District, which is a special school in Pampady Panchayat area at Kottayam district. It consisted of nearly 250 students .

3.5 POPULATION

3.5.1 Target Population

The target population consisted of all the caregivers who are handling Autistic children.

3.5.2 Accessible Population

The caregivers of Autistic children and fulfils the inclusion criteria.

3.6 SAMPLE

The study sample comprised of caregivers who were handling Autistic children at a selected setting and who fulfils the inclusion criteria.

3.7 SAMPLE SIZE

The samples in the study was 60 caregivers with Autistic children.

3.8 CRITERIA FOR SAMPLE SELECTION

3.7.1 Inclusion Criteria

1. Caregivers who were visiting to special school.

2. Caregivers those who were able to understand, read and write Malayalam or English.
3. Caregivers who had Autistic children.

3.7.2 Exclusion Criteria

1. Caregivers who were not willing to participate in the study.
2. Caregivers who were suffering from major physical illnesses.
3. Caregivers those who attended the training on homecare management of Autistic children.

3.9 SAMPLING TECHNIQUE

The caregivers were selected by researcher adopted non-probability convenient sampling technique. The researcher selected 60 caregivers who fulfilled the inclusion criteria for the study.

3.10 DEVELOPMENT AND DESCRIPTION OF TOOL

The tool was constructed after an extensive review of literature and guidance from the medical and nursing experts and the investigators personal and professional experience. The tool for the data collection consisted of two parts :

3.10.1. PART I : DATA COLLECTION TOOL

The data collection tool used for the study contains three sections :

Section A: Demographic Variables

Age and gender of the caregiver, educational status, income, occupation, religion, type of marriage of parents and type of family, area of residence, history of Autistic children in family, relationship of the caregiver, age of the child, gender of the child, birth order of child and number of siblings.

Section B: Structured Knowledge Questionnaire

A structured knowledge questionnaire was developed by the investigator to assess the knowledge regarding homecare management of Autistic children of the caregivers. It has 25 questions in multiple choice questions. Each correct answer carries one mark.

Scoring and interpretation

Score	Percentage	Category
1 – 8	**< 50%**	Inadequate knowledge
9 – 17	**50 – 75 %**	Moderately adequate knowledge
18 – 25	**>75 %**	Adequate knowledge

Section C :

A modified B.Vicker attitude tool was made to assess the attitude of caregivers on homecare management of Autistic children. It has 11 positive statements and 14 negative statements.

It has 25 questions rated in 5 point likert scale. The questions from 1-6 is on the parents attitude towards communication, psychological aspects based on emotion has 1-5 questions were positive statements, 1-5 questions was based on worry and questions from 1-4 was based on guilt, social aspects included 1-5 questions were negative statements.

Scoring Key:

TYPE OF RESPONSE	POSITIVE STATEMENTS	NEGATIVE STATEMENTS
Strongly agree	5	1
Agree	4	2
Uncertain	3	3
Disagree	2	4
Strongly disagree	1	5

Scoring and Interpretation :

Score	Percentage	Category
1 - 41	< 50 %	Unfavourable attitude
42 – 83	50 – 75 %	Moderately favourable attitude
84 - 125	>75%	Favourable attitude

3.10.2 PART II : INTERVENTION TOOL

Homecare management strategies were prepared by the investigator for the caregivers regarding how to manage Autistic children at home. It was taught to the caregivers for 2 hours and 30 minutes through lecture cum discussion, demonstration and pamphlet distribution. The details of the intervention tool is given below.

Lecture cum discussion

Lecture cum discussion for about 2 Hours on general information on Autism, life skills and homecare management of Autistic children.

Demonstration:

The researcher demonstrated the communication techniques of Autism for the caregivers which includes on using pictures for communication. The total duration of the demonstration was 30 minutes.

Pamphlet

Pamphlet contains information regarding homecare management of Autistic children on communication, strategies, getting attention, eye contact, pointing skills, developing imitation skills, turn taking, conversational skills, general language skills, golden rules, imagination and play skills, toileting skills and lack of social understanding.

3.11 CONTENT VALIDITY

The validity of the tool was obtained from the following experts:

- Consultant Psychiatrist -2
- Nursing experts - 4
- Clinical Psychologist -2
- Medical Social Worker – 1

The following modifications were done in the tool as suggested by the experts and it was incorporated in the main study was conducted.

- The attitude tool was incorporated.
- The total number of questions was also refined.

3.11 ETHICAL CONSIDERATIONS

The research study was approved by Institutional Ethics Review Board (IERB) held on December 2012 by International centre for collaboration Research (ICCR), Omayal Achi College of Nursing, Chennai.

A. BENEFICIENCE :

The investigator followed the fundamental ethical principle of beneficence by adhering to:

a) The right to freedom from harm and discomfort

The study was beneficial for the participants as it enhanced the knowledge and attitude on homecare management of Autistic children.

b) The right to protection from exploitation

The investigator explained the procedure and the nature of the study to the participants and ensured that none of the participants were exploited or denied fair treatment.

B. RESPECT FOR HUMAN DIGNITY

The investigator followed the second ethical principle of respect for human dignity. It includes the right to self determination and the right to self disclosure.

a) The right to self determination

The investigator gave full freedom to the participants to decide voluntarily whether to participate in the study or to with draw from the study and the right to ask questions.

b) The right to full disclosure

The researcher has fully described the nature of the study, the person's right to refuse participation and the researcher's responsibilities based on which the informed consent both oral and written consent was obtained from the participants.

C. JUSTICE

The researcher adhered to the third ethical principle of justice; it includes participant's right to fair treatment and right to privacy.

a) The right to fair treatment

The researcher selected the study participants based on the research requirements, no vulnerable or compromised candidates were selected as study participants.

b) The right to privacy

The researcher maintained the participant's privacy throughout the study.

D. CONFIDENTIALITY

The researcher maintained confidentiality of the data provided by the study participants.

3.13 RELIABILITY OF THE TOOL

Reliability of the structured knowledge questionnaire was established through test-re-test method and reliability of attitude tool was elicited by split- half method. The reliability score for knowledge and attitude was r = 0.91 and r = 0.86 respectively. The 'r' value reveals there was a high positive correlation, indicates that the tool was reliable and feasible to proceed to do the main study.

3.14 PILOT STUDY

The pilot study was conducted after obtaining ethical committee clearance from International Centre for Collaboration Research (ICCR). A formal written permission was sought from the Principal of Omayal Achi College of Nursing, The Asha Bhavan Director at Kottayam District where the pilot study had been conducted.

The investigator selected 10 caregivers who fulfilled the inclusion criteria using Non-probability convenient sampling technique. A brief explanation was given regarding purpose of the study to the participants and written consent was obtained.

On 23.11.13 demographic details were obtained from the caregivers through the structured profile, then the investigator assessed the pre test level of knowledge and attitude regarding homecare management of Autistic children through structured knowledge questionnaire and B.Vicker modified attitude scale. After that the investigator had given education regarding homecare management of Autistic children through lecture cum discussion for 2 Hours and 30 minutes, demonstration of communication strategies on Autism for half an hour and pamphlet was distributed. On 30.11.13 post test was conducted by using the same questionnaire. The analysis of the result of the pilot study revealed that the assessment and intervention tool was reliable, feasible and practicable to conduct the main study.

3.15 PROCEDURE FOR DATA COLLECTION

The main study was conducted after obtaining formal permission from the Principal, Omayal Achi College of Nursing. Ethical Committee clearance was obtained from the International Centre for Collaborative Research (ICCR) and written permission for research setting obtained from Principal, St. John of God Special School, Pampady, Kottayam district.

The study was conducted for a period of 4 weeks. The investigator selected 60 samples which were divided into twenty in each group from the special school by using Non-probability convenient sampling technique.

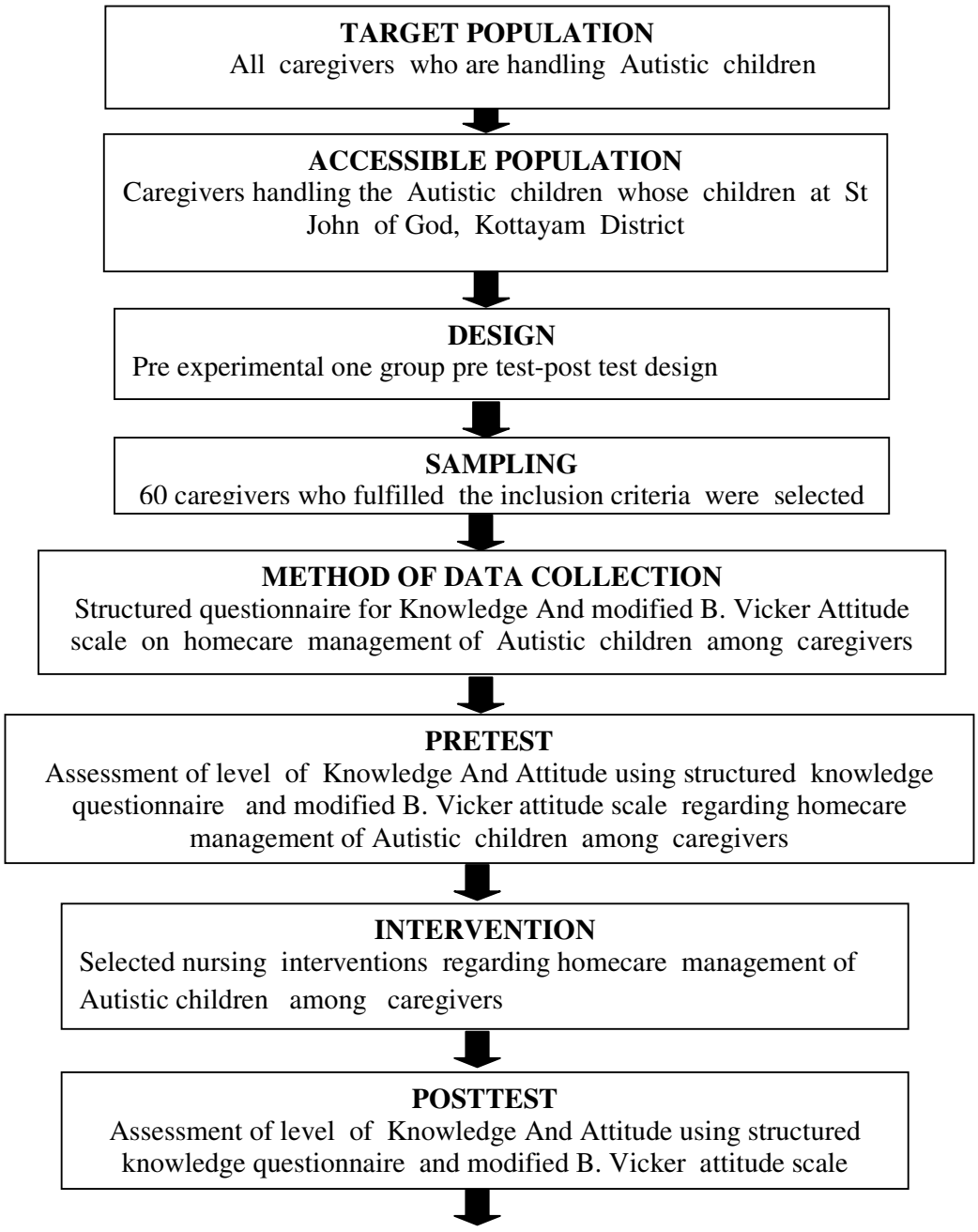
The investigator met the study participants in groups of twenty and introduced about self and briefly explained regarding the purpose of the study. Written consent was obtained and confidentiality was reassured.

During the pre-test, the demographic variables were collected by using personal data sheet, followed by this the structured knowledge questionnaire was administered for the caregivers to assess their knowledge on homecare management of Autistic children. After this the assessment of the attitude of the caregivers on homecare management of Autistic children using B.Vicker modified attitude scale. It took 1 hour for each participant to complete the pretest questionnaire. The samples were assigned with an identification number to maintain their confidentiality.

After completing the pretest, the investigator started lecture cum discussion for 2 hours and 30 minutes on general information on Autism and regarding its home care management, 30 minutes for demonstration of communication techniques and distributed pamphlet regarding homecare management of Autistic children. It took 2 hours and 30 minutes for the investigator to complete the session in the school.

After two weeks the investigator conducted post test using the same structured knowledge questionnaire and modified B. Vicker attitude scale.

SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY



3.16 PLAN FOR DATA ANALYSIS

The data were analyzed by both descriptive and inferential statistics.

3.16.1 Descriptive Statistics

1. Frequency and percentage distribution to describe the demographic variables of the caregivers.
2. Mean and standard deviation to determine the pretest and post test level of knowledge and attitude of the caregivers.

3.16.2 Inferential Statistics

1. Paired 't' test was used to analyze the difference between pretest and post test level of knowledge and attitude of the caregivers.
2. Co-efficient of correlation to study the relationship between the knowledge and attitude of the caregivers regarding homecare management on autism.
3. One way ANOVA was used to associate the pre and post test level of knowledge and attitude among caregivers with their selected demographic variables.

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data of the study, the effectiveness of selected nursing interventions on knowledge and attitude regarding homecare management of Autistic children among caregivers in a selected setting. The data findings have been tabulated and interpreted according to plan for data analysis. The data collected from 60 samples was analyzed using descriptive and inferential statistics. The results are presented under the following sections.

4.1 ORGANIZATION OF DATA

Section 4.1: Demographic variables of the caregivers

Section 4.2: Assessment of pre and post test level of knowledge of the caregivers regarding homecare management of Autistic children.

Section 4.3: Assessment of pre and post test level of attitude of the caregivers regarding homecare management of Autistic children.

Section 4.4: Comparison of pre and post test level of knowledge regarding homecare management of Autistic children

Section 4.5: Comparison of pre and post test level of attitude regarding homecare management of Autistic children.

Section 4.6: Correlation between mean differed knowledge with attitude of the homecare management of Autistic children.

Section 4.7: Association of selected demographic variable with the mean differed level of knowledge and attitude regarding homecare management of Autistic children.

SECTION 4.1: DEMOGRAPHIC VARIABLE OF THE CAREGIVERS

Table 4.1.1: Frequency and percentage distribution of general demographic variables such as age, gender and religion of the caregivers .

N = 60

S.No.	Demographic Variables	No.	%
1.	**Age of the caregiver in years**		
	<25	9	15
	25 - 35	23	38.34
	36 - 45	20	33.33
	>46	8	13.33
2.	**Gender**		
	Male	45	75.00
	Female	15	25.00
3.	**Religion**		
	Hindu	17	28.33
	Christian	16	26.67
	Muslim	10	16.67
	Others	17	28.33

Table 4.1.1 depicts the frequency and percentage distribution of the general demographic variables age, gender and religion of the caregivers.

With regard to age, 23 (38.33%) belonged to 25 -35 years .Considering the gender 45(75.00%) of the caregivers were male. With respect to the religion of the caregivers, 17(28.33%) were Hindus.

Table 4.1.2: Frequency and percentage distribution of the general demographic variables such as type of marriage, educational status and area of residence.

N = 60

S.No.	Demographic variables	No.	%
1	**Type of marriage of parents**		
	Consanguineous	16	26.67
	Intercaste	44	73.33
	Inter religion	0	0.00
	Non – Consanguineous	0	0.00
2	**Educational status**		
	Pre-literate/Illiterate	4	6.67
	Primary	21	35.00
	Higher secondary	16	26.67
	Graduate/Post graduate	19	31.67
3	**Area of residence**		
	Rural	22	36.67
	Urban	38	63.33

Table 4.1.2 depicts the frequency and percentage distribution of the general demographic variables marital status, educational status and area of residence.

With regard to type of marriage of parents, mainstream of 44(73.33%) were intercaste marriage. With respect to the educational status of the caregivers, 21 (35.00%) had primary education. In relation to area of residence, 38(63.33%) was in urban area .

Table 4.1.3: Frequency and percentage distribution of the general demographic variables type of family, history of Autistic child in the family and relationship of the caregivers.

N = 60

S.No.	Demographic variables	No	%
1	**Type of family**		
	Nuclear	51	85.00
	Joint	9	15.00
	Extended	0	0.00
2	**Is there any history of Autistic child in the family?**		
	Yes	35	58.33
	No	25	41.67
3	**Relationship of the caregiver**		
	Parents	49	81.67
	Grand parents	11	18.33
	Relative	0	0
	Specially trained persons	0	0

Table 4.1.3 reveals the frequency and percentage distribution of the general demographic variables the type of family, relationship of the caregivers and history of autistic child in the family.

In respect to the type of family 51 (85.00%) belonged to nuclear family. With regard to relationship of the caregiver, 49(81.67%) were parents and 35(58.33%) had history of autistic child in the family.

4.1.1 - 4.1.3 depicts the demographic variables of the caregivers.

SECTION 4.2: ASSESSMENT OF PRE AND POST TEST LEVEL OF KNOWLEDGE REGARDING HOMECARE MANAGEMENT OF AUTISTIC CHILDREN AMONG CAREGIVERS

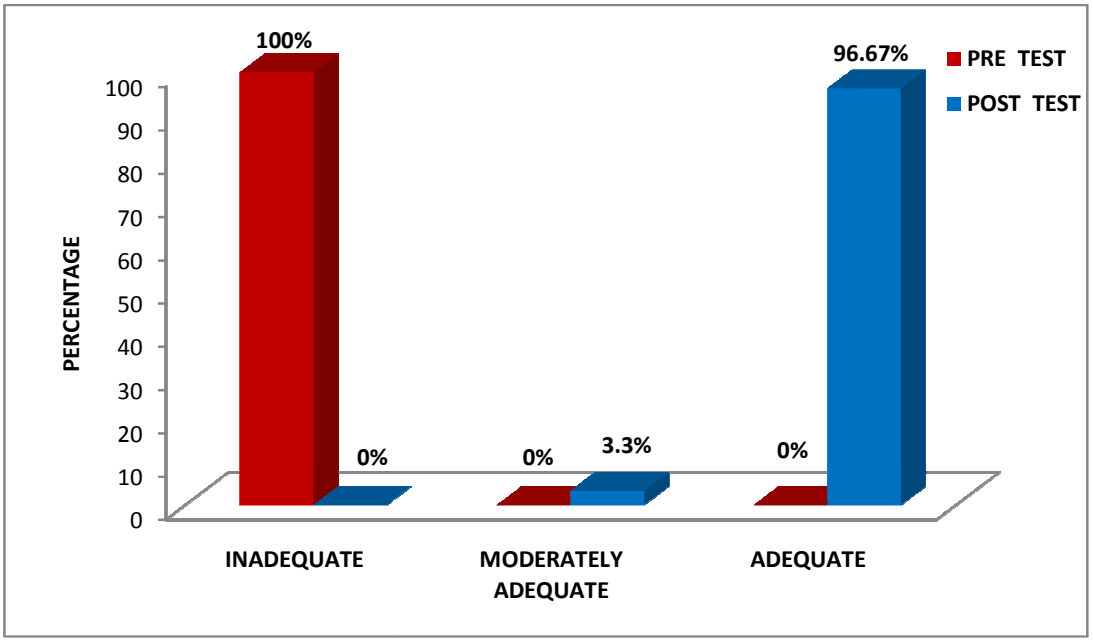


Figure 4.2.1: Percentage distribution of overall pre test and post test level of knowledge regarding homecare management of Autistic children among caregivers.

With regard to knowledge on homecare management of Autistic children in pretest 60(100%) had inadequate knowledge. Considering the post test level of knowledge, majority of 56(96.67%) had adequate knowledge and 2(3.33%) had moderately adequate knowledge.

SECTION 4.3: ASSESSMENT OF PRE AND POST TEST LEVEL OF ATTITUDE REGARDING HOMECARE MANAGEMENT OF AUTISTIC CHILDREN AMONG CAREGIVERS

N= 60

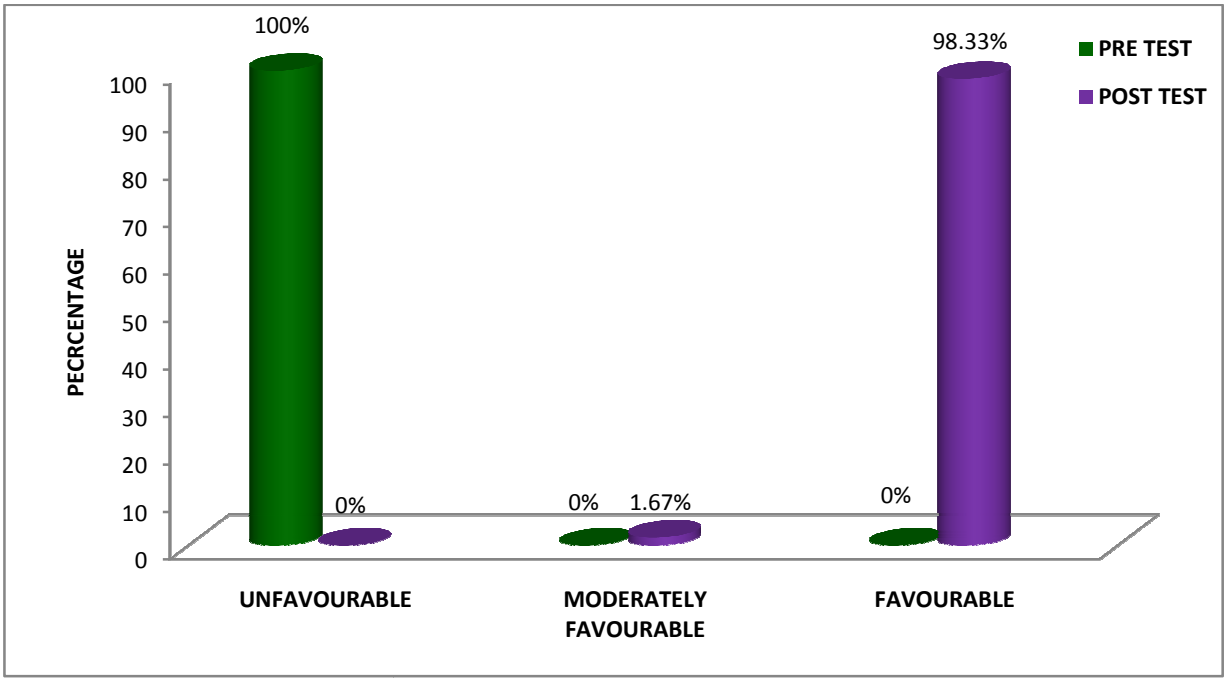


Table 4.3.1: Percentage distribution of overall pre test and post test level of attitude regarding homecare management of Autistic children among caregivers

Figure 4.3.1 reveals the percentage distribution of overall pre test and post test level of attitude regarding homecare management of Autistic children among caregivers.

With regard to pre test the 60(100%) had unfavourable attitude and none of the caregivers had favorable attitude regarding homecare management of Autistic children. When considering the post test level of attitude the majority of 59 (98.33%) had favorable attitude, 1(1.67%) had moderately favorable attitude and none exhibited unfavourable attitude.

SECTION 4.4: COMPARISON OF THE PRE AND POST TEST LEVEL OF KNOWLEDGE REGARDING HOMECARE MANAGEMENT OF AUTISTIC CHILDREN AMONG CAREGIVERS

Table 4.4.1 : Comparison of pre and post test level of knowledge regarding homecare management of Autistic children among caregivers.

N = 60

Knowledge	Mean	S.D	Paired 't' Value
Pretest	4.22	3.05	t = 38.156***
Post Test	24.20	1.88	p = 0.001, S

***p<0.001, S – Significant

Table 4.4.1 describes comparison of pre and post test level of knowledge regarding homecare management of Autistic children among caregivers .

With regard to knowledge of the caregivers the pretest mean score was 4.22 with S.D of 3.05 and the post test mean score was 24.20 with the S.D of 1.88. The paired' test showed't' value, t =38.156*** and p = 0.001. This showed a significant improvement in the knowledge of the caregivers on homecare management of Autistic children.

The overall comparison of pre test and post test showed a significant improvement in the level of knowledge of caregivers regarding homecare management of Autistic children after the implementation of the selected nursing interventions.

SECTION 4.5: COMPARISON OF THE PRE AND POSTTEST ATTITUDE REGARDING HOMECARE MANAGEMENT OF AUTISTIC CHILDREN AMONG CAREGIVERS

Table 4.5.1 : Comparison of pre and post test level of attitude regarding homecare management of Autistic children among caregivers.

N = 60

Attitude	Mean	S.D	Paired 't' Value
Pretest	36.47	2.90	t = 76.005***
Post Test	113.83	7.31	p = 0.001, S

***p<0.001, S – Significant

Table 4.5.1 describes the comparison of pre and post test level of attitude regarding homecare management of Autistic children among caregivers.

With regard to attitude of the caregivers, the pretest mean score was 36.47 with the S.D of 2.90 and the post test mean score was 113.83 with S.D of 7.31 and the paired 't' test showed t = 76.005*** and p value of p = 0.001, which revealed a significant improvement in attitude of the caregiver after the selected nursing interventions.

The overall comparison of pre test and post test level of attitude of parents regarding homecare management of Autistic children indicated a significant improvement in the attitude of parents after the implementation of the selected nursing interventions.

SECTION 4.6: CORRELATION BETWEEN MEAN DIFFERED KNOWLEDGE AND ATTITUDE SCORES REGARDING HOMECARE MANAGEMENT OF AUTISTIC CHILDREN AMONG CAREGIVERS

Table 4.6.1 : Correlation between mean differed knowledge and attitude score on homecare management of autistic children among caregivers .

N = 60

Variables	Mean	S.D	'r' Value
Knowledge	19.98	4.06	r =0.450 * p = 0.01,NS
Attitude	77.37	7.88	

*p < 0.01, NS – Not Significant

Table 4.6.1 depicts the correlation between mean differed knowledge and attitude scores on knowledge and attitude score on homecare management of Autistic children.

The overall mean differed knowledge score was 19.98 with a standard deviation of 4.06 and the overall mean differed attitude score was 77.37 with the standard deviation of 7.88. The correlation co-efficient value was r = 0.450*, this showed a poor correlation at p < 0.01 level.

With regard to the correlation between knowledge and attitude regarding homecare management of Autistic children among caregivers, there was low correlation between knowledge and attitude. This showed that even though knowledge and attitude are dependant, each person's attitude is unique and it can be varied from person to person.

SECTION 4.7: ASSOCIATION OF SELECTED DEMOGRAPHIC VARIABLE WITH THE MEAN DIFFERED LEVEL OF KNOWLEDGE AND ATTITUDE REGARDING HOMECARE MANAGEMENT OF AUTISTIC CHILDREN AMONG CAREGIVERS

Table 4.7.1 : Association of selected demographic variables with mean differed level of knowledge regarding homecare management of Autistic children among caregivers

N = 60

S.No.	Demographic Variables	Mean Difference		ANOVA/ Unpaired 't' Value
		Mean	S.D	
1	**Age of the caregiver**			F = 3.493 p =0.021 S*
	<25 yrs	20.00	1.73	
	25 – 35 yrs	18.83	3.65	
	36 – 45yrs	19.75	4.92	
	>46 yrs	23.87	2.42	
2	**Type of marriage of parents**			t = 3.348 p = 0.002 S**
	Consanguineous	8.83	1.95	
	Inter-caste	7.36	2.65	
	Inter-religion	-	-	
	Non-consanguineous	-	-	

*p<0.05, **p<0.01, S – Significant

Table 4.7.1 illustrates the association of mean differed knowledge score regarding homecare management of Autistic children with respect to the age of the caregiver and type of marriage of parents.

The one way ANOVA 'F' test and unpaired 't' test was used to find out the association between the knowledge and attitude of the caregivers with their selected demographic variables. The calculated 'F' value indicated that there was a moderately significant association present with age of the caregiver and type of marriage of parents with the knowledge of the caregivers. There is no significant association with rest of the demographic variables.

The variables which influences the knowledge of the caregivers are age of the caregiver and type of marriage of parents. The caregivers with less age may be more eager to learn than with more age. The care givers type of marriage is shown to influence the interest in acquiring knowledge.

The knowledge of caregivers may act to influence the attitude of caregivers. The caregivers who are handling the autistic children are needed to teach the life skills along with the homecare management of autistic children. This may stimulate them to acquire knowledge on homecare management of Autistic children. These may be the reason for the significant association of the knowedge regarding homecare management of Autistic children among caregivers with the selected demographic variables.

Table 4.7.2: Association of selected demographic variables with mean differed level of attitude regarding homecare management of Autistic children among caregivers.

N = 60

S.No.	Demographic Variables	Mean Diff.		ANOVA/ Unpaired 't' Value
		Mean	S.D	
1	**Caregivers education**			
	Pre-literate/Illiterate	72.50	13.69	t = 3.771 p =0.015 S*
	Primary	73.86	7.94	
	Higher secondary	79.31	4.73	
	Graduate/Post graduate	80.63	7.03	
2	**Family monthly income**			
	< Rs.2000	75.00	8.60	F = 2.807 p = 0.048 S*
	Rs. 2000 - 5000	81.22	6.22	
	Rs. 5000 - 8000	77.53	6.85	
	> Rs. 8000	74.23	8.88	

*p<0.05, S – Significant

Table 4.7.2 illustrates the association of selected demographic variables with mean differed level of attitude on homecare management of Autistic children.

The one way ANOVA 'F' test and unpaired 't' test was used to find out the association of selected demographic variables. The study findings showed that there was moderate significant association with the demographic variables of care givers education and family income with attitude of the caregivers. And there is no significant association with rest of the demographic variables.

The researcher believes family income of the caregiver and caregivers education have a great influence on the attitude of the caregiver.

DISCUSSION

This chapter discusses the findings of the study based on the objectives of the study. The present study was undertaken to assess the effectiveness of selected nursing interventions on knowledge and attitude regarding homecare management of Autistic children at a selected setting.

5.1 The findings of the demographic profile of the caregivers

The analysis of the demographic variables of the caregivers revealed that 21(35%) were aged between 10-15 years, 15(25%) were aged between 0-5 years and 6-10 years, 19(27.14%) were aged more than 51years, 17(24.9%) were 20-35 years. When considering the gender of the caregiver, male caregivers 45(75%) was more than female 15(25%). Based on caregivers education 21(35%) had primary education, 19(31.67%) had post graduation, higher secondary was completed by 16(26.67%) and 19(31.67%) graduates/postgraduates. With respect to religion, Hindus and other religions were 17(28.33%), Christians were 16(26.67%) and 10(16.67%) were Muslims. With regard to area of residence 38(63.33%) stayed in urban area and 22(36.67%) were in rural area. Based on the type of marriage of parents 44(73.33%) had intercaste marriage and 16(26.67%) had non consaguineous marriage. With regard to type of family, 51(85.00%) belongs to nuclear family and 9(15.00%) belongs to joint family. While considering the history of Autistic child in the family 35(58.33%) were having the autistic child and 25%(41.67%) were not having the any history.

5.2 The first objective was to assess existing level of knowledge and attitude regarding homecare management of Autistic children among caregivers.

Figure 4.2.1 showed the pretest level of knowledge regarding homecare management of Autistic children which revealed that 60(100%) had adequate level of knowledge and none of them exhibited moderately adequate knowledge and inadequate level of knowledge.

Figure 4.3.1 showed the data findings related to the pretest level of attitude regarding homecare management of Autistic children among caregivers showed that 60(100%) had unfavourable attitude regarding homecare management and none of them exhibited unfavourable attitude and favourable attitude.

The findings were supported by **Bakken J et al (2011)** assessed the caregivers awareness of nursing interventions for homecare management of Autistic children. Among the knowledge and attitude of 24 caregivers were assessed through self structured questionnaire. The study revealed that 71% had moderately adequate knowledge and 63.2% of caregivers had favourable attitude towards the homecare management of Autistic children among the caregivers.

The findings were supported by another study by **Lappert et al (2008)** assessed the effectiveness of home based programme on homecare management of Autism among 122 caregivers. The results showed that the program had positive effect on improving knowledge of the caregivers.

The second objective was to assess the effectiveness of selected nursing interventions regarding homecare management on knowledge and attitude of Autistic children among caregivers.

Table 4.4.1 depicted the analysis of pre test the mean knowledge score of 4.22 with S.D of 3.05 and the post test mean score 24.20 with the S.D of 1.88. The calculated 't' value was t=38.156 found to be highly significant at p=0.001 level. This clearly showed that the selected nursing interventions on homecare management of Autistic children had highly significant improvement in the level of knowledge regarding homecare management of Autistic children among the caregivers.

Table 4.5.1 presented the analysis of the attitude regarding homecare management of Autistic children which showed that the pre test mean attitude score of 4.22 with S.D 3.05 and the post test mean score of 24.20 with the of S.D of 1.88. The calculated 't' value showed t=38.156 was highly significant at p = 0.001 level. This evidence showed that the selected nursing interventions regarding homecare management of Autistic children had highly significant improvement in the level of attitude of the caregivers.

The findings were supported by **Zanni G R (2011)** who conducted an explorative study assessed the effectiveness of self prepared module on educating caregivers towards homecare management of Autistic children. 422 caregivers prepared them self structured knowledge and attitude scale towards and attended single education session on homecare

management of Autistic children. The results showed that there was a significant improvement in the knowledge and attitude of the caregivers.

The findings were supported by **Suzanne A Denhamto (2012)** conducted a pre experimental study to assess the effectiveness of video assisted teaching for caregivers regarding attitude of caregivers on homecare management of Autistic children. Among 150 caregivers reported an increase in self reported knowledge from 52% in the pretest towards their role in homecare management of Autistic children which is improved up to 81% which exhibited more likely attitude towards their role in homecare management of Autistic children.

The conceptual framework used for this study is based on **J.W.Kenny's open system Model**. The open system theory concerned with changes due to interaction between the various factors (variables) in a situation. In human beings, interaction between person and environment change continuously. The key concepts of Kenny's open system model are input, throughput and output. Input refers to the matters and information, which are continuously processed through the system and released as outputs. After processing the input, the system returns output (matter and information) to the environment in as altered state, affecting the environment for information to guide its operation. This feedback information of environment responses to the system output is used by the system in adjustment correlation with the environment. Feedback may be possible, negative or neutral.

The investigator assessed the pre test level of knowledge and attitude of the caregivers on homecare management of Autistic children and it is the continuously processed information in the environment. Through the education for the caregivers regarding homecare management of Autistic children the investigator changes system and output is the expected outcome after processing the information. The investigator found that through educating caregivers on homecare management of Autism, improved the knowledge and attitude of the same.

Hence the null hypothesis $\mathbf{NH_1}$ stated earlier that **"There is no significant difference between the pretest and post test level of knowledge and attitude regarding homecare management of Autistic children among caregivers <0.05" was rejected.**

5.3 The third objective was to correlate the mean differed level of knowledge with Attitude on homecare management of Autistic children among caregivers.

Table 4.6 showed the correlation between mean differed knowledge and attitude. The study findings revealed that the mean differed knowledge score was 19.98 with the S.D of 4. 06 and the mean differed attitude score of 77.37 with S.D 7.88. The calculated 'r' value r = 0.450 was found to be having low significance at p = 0.01.

The result showed that there was a negative correlation between the mean differed knowledge and attitude regarding homecare management of Autistic children among caregivers, which indicated that when the level of knowledge regarding homecare management of Autistic children increases, attitude did not increases always.

The findings of the study were supported by **Patrick PA(2011)** assessed the relationship between knowledge and attitude of caregivers towards homecare management of Autistic children. The results revealed that there was a significant correlation present as (r = 0.51 and p = 0.003).

Karnade (2010) conducted the study on effectiveness of video assisted teaching on homecare management of Autistic children among the caregivers. They found that greater the participants knowledge on homecare management leads to less acceptance of change of attitude towards homecare management of Autistic children.

Hence the null hypothesis $\mathbf{NH_2}$ stated earlier that "**There is no significant relationship between the overall mean differed level of knowledge and attitude regarding homecare management of Autistic children among caregivers <0.05"was accepted.**

5.4 The fourth objective was to associate the selected demographic variables with the mean differed level of knowledge and attitude regarding homecare management of Autistic children among caregivers.

Table 4.7.1 showed the association of mean differed knowledge with the age of the caregiver and type of marriage of parents. The results revealed that significant association

with the mean differed knowledge score of caregivers on selected nursing interventions regarding homecare management of Autistic children.

Table 4.7.2 showed the association of mean differed attitude score with the demographic variables caregivers education and family income which showed significant association on attitude of the caregivers regarding homecare management of Autistic children with caregivers education and family income.

Hence the null hypothesis **NH_3** stated earlier there is no significant association between the mean differed level of knowledge with age of the caregiver and type of marriage of parents and mean differed level of attitude with caregivers education and family income **was rejected** and **other demographic variables are accepted.**

The findings were supported by **Ogletree B T (2009)** found that caregivers who are more aged have had more exposure and had more opportunities to be confronted with Autism children than caregivers with less age. The study concluded that caregivers who are aged will be more knowledgeable about homecare management of Autistic children than the caregivers with less experience.

The study conducted by **Mavundla (2011)** found that caregivers who are handling young children may be less knowledgeable about the homecare management of Autism than caregivers with aged children. The study revealed that because caregivers with young children may not have good exposure as often with caregivers with aged children.

SUMMARY, CONCLUSION, IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS

This chapter presents the summary, conclusion, implications, recommendations and limitations.

6.1 SUMMARY

Autistic children are a burden to the caregivers as well as to the family members. Family having Autistic children faces a lot of psychological, economical, social and practical problems in management of those children at their home. They require more care by the family members especially by the caregivers. Hence it is essential to educate the caregivers to give more support to the Autistic children. These children can be helped through caregivers by providing proper training in Homecare management and caregivers involvement in Homecare management of these Autistic children in doing their daily activities can enhance the independent living.

Psychiatric nurses and staff nurses play an important role in improvement of caregivers knowledge and attitude on homecare management of Autistic children.

6.1.1 Statement of the Problem

A pre-experimental study to assess the effectiveness of selected nursing interventions on knowledge and attitude regarding homecare management of Autistic children among care givers in a selected setting.

6.1.2 The objectives of the study were

1. To assess the existing level of knowledge and attitude regarding homecare management of autistic children among caregivers.
2. To assess the effectiveness of selected nursing interventions on knowledge and attitude regarding homecare management of Autistic children among care givers.
3. To correlate the overall mean differed level of knowledge with attitude regarding homecare management of Autistic children among caregivers.

4. To associate the selected demographic variables with mean differed knowledge and attitude regarding homecare management of Autistic children among care givers.

6.1.3 The study was based on the assumptions that

1. Caregivers of Autistic children may have some knowledge and attitude regarding homecare management of Autistic children.
2. Selected nursing interventions may enhance the knowledge and attitude among caregivers regarding homecare management of Autistic children.

6.1.4 The Null Hypotheses formulated were

- **NH_1:** There is no significant difference between the pretest and posttest level of knowledge and attitude on homecare management of Autistic children among caregivers. ($p < 0.05$).
- **NH_2:** There is no significant relationship between the overall mean differed level of knowledge and attitude on homecare management of Autistic children among caregivers. ($p < 0.05$).
- **NH_3:** There is no significant association between the mean differed level of knowledge and attitude on homecare management of Autistic children among caregivers with their selected demographic variables. ($p < 0.05$).

The review of literature was derived from primary and secondary sources along with professional experts guidance in the field of Mental Health Nursing. This provided a strong foundation for the selection of the problem and also strengthened the ideas for conceptual framework, aided to design the methodology and develop the tool for data collection.

The conceptual framework adopted for the study was based on Kennys Open system model. The present study was based on the assumption that selected nursing interventions regarding homecare management of Autistic children will improve the knowledge and attitude of the caregivers with Autistic children and enable them to practice in the living environment, hence the investigator adopted the open system model for the study.

The methodology for this study was pre experimental one-group pretest intervention post test design. The tool used was a self prepared questionnaire on knowledge to assess the knowledge of caregiver and B.Vicker modified attitude scale to assess the attitude of the caregiver regarding homecare management of Autistic children. The content validity was obtained from the experts in the field of Psychiatry, Psychology, Nursing experts and Medical Social Worker. The pilot study was conducted to find the feasibility of the study and necessary modification was done.

The pilot study has been conducted at Asha Bhavan, Kottayam district and the study results was found to be practicable and feasible to proceed with the main study. Reliability of knowledge assessment tool was established through test re – test method and split half method was used to find out the reliability of the attitude tool. The reliability score was r=0.91 and r=0.86 respectively. The 'r' value indicated that there was a high positive correlation.

The ethical principles were followed throughout the study by obtaining ethical clearance certificate from the International Centre for Collaborative Research (ICCR), formal permission from the respective school authorities and consent from the caregivers. Privacy and confidentiality was maintained throughout the data collection period and the data was used only for research purpose.

The main study was conducted for a period of 4 weeks. The data analysis showed following main findings:

- The collected data was analyzed by using descriptive and inferential statistics. Interpretation and discussion was done based on the objectives of the study, null hypothesis, conceptual framework and research studies from literature review.
- The analysis revealed that in the pretest, 60 (100%) had inadequate knowledge and none of them had moderate and adequate knowledge.
- The analysis of the post test knowledge revealed the majority 58(96.67%) caregivers had gained adequate knowledge and 2(3.33 %) had moderately adequate knowledge and no one had inadequate knowledge.
- The analysis revealed that in the pretest 60(100%) had unfavorable attitude, none of them had moderately favorable attitude and favorable attitude.

- The analysis of the post test level of attitude of the caregivers regarding homecare management of autism revealed 1(1.67%) had moderately favorable attitude, 59(98.33%) had favorable attitude and none of them had unfavourable attitude.
- The analysis revealed that in pre test the mean score of knowledge was 4.22 with SD 3.05 and the post test mean score was 24.20 with the SD 1.88.The calculated value of t= 38.156 was found to be statistically highly significant at p< 0.001 level.
- The analysis revealed that pre test the mean score of attitude was 36.47 with SD 2.90 and the post test mean score was 113.83 with the SD of 7.31.The calculated 't' value of t= 76.005 was found to be statistically highly significant at p< 0.001 level.
- The association of the mean improved knowledge score of the caregivers and their selected demographic variables describes that age of the caregiver, caregivers education and family income had significant association of mean improved knowledge scores.
- The association of mean improved attitude score of caregivers and their selected demographic variables describes that caregivers education and family income had significant association of mean improved attitude scores.
- The results of the correlation revealed that the mean differed score for knowledge was 19.98 with a standard deviation of 4.06 and, the overall mean differed attitude score was 77.37 with a standard deviation of 7.88. The correlation co-efficient value was r = 0.450 statistically significant at p< 0.01.

6.2 CONCLUSION

The researcher throughout the study aimed at assessing the effectiveness of selected nursing interventions on homecare management of Autistic children among the caregivers and the study results concluded that there was inadequate knowledge and attitude among caregivers in the pretest. However there was a significant improvement in the level of knowledge and attitude after the selected nursing interventions regarding homecare management of Autistic children was implemented.

6 .3 IMPLICATIONS

The investigator has drawn the following implications from the study which is of vital concern for nursing practice, nursing education, nursing administration and nursing research.

Nursing Service

Mental Health Nursing practice is one of the evolving areas of nursing practice where a job description of a Mental Health Nurse still needs to be overlooked. Studies like present helps to boost image of the mental health nurses their own scientific body of knowledge and scope of practice.

- The primary role of the Mental Health Nurse is to provide knowledge and enhance a good attitude to caregivers on homecare management of Autistic children.
- In the community and hospital the nurse can design a protocol for managing Autistic children and promote adequate homecare management of Autistic children.
- The nurse needs to encourage and motivate the caregivers to identify their children's problem and refer them to mental health professionals.
- The nurse needs to extend the role toward client families and educate them in caring for the Autistic children.

Nursing Education

The study implies that,

- Nurse educators should incorporate the importance of nursing interventions on homecare management of Autistic children in the curriculum from first year nursing program along with psychology.
- Nurse educators should develop the skill of nursing students in counselling parents about homecare management of Autistic children.
- Nurse educator should encourage the students to organize community psycho educational programs to create awareness among public regarding importance of homecare management of Autistic children.
- In-service education, refresher course and training programs on homecare management of Autistic children should be systematically planned and regularly conducted at various settings.

Nursing Administration

- Nurse administrator should remain updated about homecare management of Autistic children.
- The nurse administrator should encourage and facilitate the caregivers to update their knowledge and attitude on the aspects of homecare management of Autistic children.
- Nurse Managers can strengthen interdisciplinary and multidisciplinary collaboration with researchers**.**
- The Community Mental Health Nurse should organize from various resources to impart the homecare management program to the caregivers with Autistic children in the schools.
- The nurse administrator can organize conferences, continuing education programs, in-service education programs to introduce the needed changes coming up through ongoing scientific research regard to homecare management of Autistic children.

Nursing Research

- The findings of the present study serves as basis for other professionals and the student nurses to conduct further studies and to find out the effectiveness of various nursing interventions.
- The nurse scientist should communicate these findings to the public sector so as enhance their knowledge on homecare management of Autistic children.

RECOMMENDATIONS

1. The nurse researcher recommends the affiliated institutions of Omayal Achi College of Nursing to use this selected nursing interventions regarding homecare management of Autistic children among caregivers who are under OACHC adopted villages.
2. The intervention tool can be utilized by the health care professional, caregivers and also school authorities in their future.
3. A comparative study can be done between the rural and urban school caregivers to identify the differences in their knowledge and attitude on homecare management of Autistic children among caregivers.
4. A qualitative study can be conducted to assess the perception of caregivers regarding homecare management of Autistic children and their role performance in homecare management of Autistic children among caregivers.

LIMITATIONS

- It was difficult for the nurse researcher to obtain setting permission from the special school authorities.
- Due to time constraints the researcher was not able to include many samples into the study.

PLAN FOR RESEARCH DISSEMINATION

The findings of the research will be disseminated through paper presentation both in conferences, workshops at the national and international level and publication in speciality or research journals and articles.

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PLAN FOR RESEARCH UTILIZATION

- The findings of the research was utilized in the special schools by formulating homecare management measures of Autistic children.
- After approval of dissertation from the University, the nurse researcher will be proposing the intervention tool to the Department of Education, Government of Kerala through proper channel.

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APPENDIX- C

LETTER SEEKING EXPERT'S OPINION FOR CONTENT VALIDITY

From

Sumina Elizabeth Cherian

M.Sc Nursing student,

Omayal Achi College of Nursing,

Chennai-66

To

Respected Sir/Madam,

Subject: Requisition from expert opinion for content validity.

I am Sumina Elizabeth Cherian, doing my M.sc Nursing I year specializing in Mental Health Nursing at Omayal Achi College of Nursing. As a part of my research project to be submitted to the Tamil nadu Dr.MGR. Medical University and in partial fulfillment of the university requirement for the award of M.sc Nursing degree, I am conducting **"A study to assess the study to assess the effectiveness of selected nursing intervention on knowledge and attitude regarding homecare management of autistic children among caregivers at a selected special school, Kottayam".** I have enclosed my data collection and intervention tool for your expert guidance and validation. Kindly do the needful.

Thanking you

Yours faithfully,

(SUMINA ELIZABETH CHERIAN)

Enclosure:

1. Research proposal
2. Data collection tool
3. Intervention tool
4. Content validity form
5. Certificate for content validity

LIST OF EXPERTS FOR CONTENT VALIDITY

MENTAL HEALTH MEDICAL EXPERTS

1. **Dr. (Mrs) Hemalatha M.D.,**
   Consultant Psychiatry,
   Sothern Railway Hospital,
   Perambur, Chennai- 23

MENTAL HEALTH NURSING EXPERTS

1. **Mrs. Kayalvizhi**
   Associate Professor,
   Mental Health Nursing,
   College of Nursing- Vel R.S.Medical College,
   42, Avadi- Alamathi Road,
   Vellanur, Chennai-62

2. **Mrs. Neelakshi**
   Associate Professor, ,
   Mental Health Nursing,
   SRM College of Nursing,
   Porur, Chennai.

3. **Ms. Anuradha**
   Assistant Professor, Mental Health Nursing,
   Apollo college of Nursing,
   Ayanambakkam , Chennai- 95

PSYCHOLOGY AND SOCIOLOGY EXPERTS

1. **Ms.R.Kannamma, MA. M.Phil.,**
   Dept.of Psychiatry,
   Southern Railway Head Quarters Hospital,
   Perambur, Chennai-600 023.

2. **Mr. Sarath Sundar**
   Clinical psychologist,
   Vishranthi Mental Health Centre,
   Mandiram Hospital,
   Kottayam.
   .

3. **Mrs. Fathima Jessy, MSW; M. Phil.,**
   Psychiatric Social Welfare Officer,
   Govt. Institute of Mental Health,
   Kilpauk, Chennai- 10.

APPENDIX – F

INFORMED CONSENT REQUISITION FORM

Good Morning,

I am Ms.Sumina Elizabeth Cherian, M.Sc (N) student from Omayal Achi College of Nursing, Puzhal, Chennai. As a partial fulfillment of the course, I am conducting "**A study to assess the effectiveness of selected nursing intervention on knowledge and attitude regarding homecare management of autistic children among care givers at a selected special school, Kottayam."** Kindly co-operate with me, by giving frank and free answer to my questions, your answers will be kept confidential & will be used only for my study.

Thanking you.

Ms. SUMINA ELIZABETH CHERIAN

INFORMED WRITTEN CONSENT FORM

I understand that I am being asked to participate in a research study conducted by Ms.Sumina Elizabeth Cherian M.Sc (Nursing) student from Omayal Achi College of Nursing, Puzhal, Chennai. This research study will evaluate **"The effectiveness of selected nursing interventions on knowledge and attitude regarding homecare management of Autistic children among cargivers at selected setting, Kottayam district".** If I agree to participate in the study, I will be given a structured questionnaire to know the demographic variable and my knowledge on homecare management of Autistic children, my opinion on selected nursing interventions on homecare management of Autistic children will be assessed by attitude tool respectively. The answers will be kept confidential. No identifying information will be included during the analysis process. I understand that there are no risks associated with this study.

I realize that I may participate in the study as I am handling autistic child in the home and I realize that I will be benefited by this study. I recognize that my participation in this study is entirely voluntary and I may withdraw from the study at any time I wish. If I decide to discontinue my participation in this study, I will be continued to be treated in the usual and customary fashion.

I understand that all study details will be kept confidential. However, this information may be used in nursing publication or presentations. If I need to, I can contact Sumina Elizabeth Cherian, M.sc Nursing student from Omayal Achi College of Nursing Puzhal, Chennai-66.Phone No: 09790790337 at any time during the study. The study has been explained to me. I have read and understood the consent form, my entire doubts have been answered, and I agree to participate. I understand that I will be given a copy of this signed consent form.

---------- ----------

Signature of Participant: Date:

---------- ----------

Signature of Investigator: Date:

APPENDIX – G

DATA COLLECTION TOOL

SECTION- A: DEMOGRAPHIC VARIABLES

AUTISTIC CHILD

i. Age of the child

a) 0-5

b) 6-10

c) 10-15

d) 16-20

ii. Gender of the child

a) Male

b) Female

c)

iii. Birth order of child

a) First

b) Second

c) Third

d) Fourth

iv) Number of siblings

a) 1

b) 2

c) 3

d) Above 3

CAREGIVER

i. Age of the caregiver

a) 25-35

b) 36-45

c) 46-55

d) 56-65

ii. Gender of the caregiver

a) Male
b) Female

iii. Care givers education

a) pre-literate
b) primary
c) Higher secondary education
d) Graduate / postgraduate

iv. Occupation

a) Government
b) Private

v. Family income

a) <Rs. 2000
b) Rs.2000 –Rs.5000
c) Rs.5000 - Rs.8000
d) > Rs.8000

vi. Religion

a) Hindu
b) Christian
c) Muslim
d) Others

vii. Area of residence

a) Rural
b) Urban

viii. Type of marriage of parents

a) Consanguineous
b) Intercaste
c) Inter-religion
d) Non Consanguineous

ix. Type of family

a) Nuclear
b) Joint

x. Relationship of the family caregiver

a) Parents
b) Grand parents
c) Relative
d) Specially trained persons

xi. Marriage within the relatives

a) Yes
b) No

xii. Is there any History of autism children in your family?

a) Yes
b) No

SECTION –B

STRUCTURED QUESTIONNAIRE TO ASSESS THE KNOWLEDGE REGARDING HOMECARE MANAGEMENT OF AUTISTIC CHILDREN AMONG CAREGIVERS

General Information:

1.Autism means

a) Impairment in language skills
b) Impairment in communication
c) Impairment in social interaction, communication and stereotypic movements
d) Impairment in interaction

2.The causes of Autism may be due to

a) Biological
b) Psychological
c) Combination of Biological and Psychosocial
d) Sin, curse and blackmagic

3. Autism can occur during pregnancy due to

a) Fetal malnutrition
b) Prematurity
c) Fetal malnutrition, Prematurity, Infection, Trauma
d) Poor antenatal practices

4. Autism can occur during childhood due to

a) Infections
b) Irregular immunization
c) Perinatal complication
d) Abnormal fetal development in first trimester.

5. Autism in adulthood can be due to

a) Poor nourishment
b) Social isolation
c) Deprivation of nutrition ,Social isolation and Linguistic
d) Poor interaction

6. While participating in the self care of the child, the caregiver should

a) punish the child for mistakes

b) should encourage to do in a better way

c) c)should correct the child in between the activity

d) be very strict with the child

COMMUNICATION

7. For an autistic child to interact with others in an acceptable and appropriate manner, the caregiver needs to

a) Be with the child

b) Leave the child alone

c) Allow for common interactions

d) Do not allow the child to speak with others

8.Caregiver needs to initiate interaction initially by

a) Interaction

b) Writing

c) Reading

d) Sign language

9. The caregiver needs to make the child to practise non verbal communication skills by

a) Speaking loudly

b) Expression through verbalization

c) Convey their needs if verbal communication is absent

d) Banging on an object

10.For effective communication with the Autistic child , the caregiver should use

a) Simple language

b) Compound sentences

c) Drawing pictures

d) Showing pictures

11. For improving the pointing skills of the Autistic child the caregiver should

a) Interesting objects

b) Unknown objects

c) Name the object and point it

d) Pointing the distant objects

12. For improving the conversational skills the caregiver should

a) Use games and pictures

b) Teach language

c) Show films

d) Tell stories verbally

13.For improving imitation skills the caregiver should

a) Imitate various actions of the child

b) Imitate infront of the child

c) Imitate after the child imitates

d) Imitate before the child imitate

PHYSICAL MOBILITY

14.For changes in physical movements the caregiver should provide

a) Safe environment

b) Avoid ambulation

c) Keep all the items away from the child

d) Place all the items at ambulating level

15. The primary priority for child with changes in physical movements is

a) Child safety in environment

b) Facilitate trust

c) Provide feeling of security

d) Restrict the mobility

16. For a child to meet the total needs , the family should practise the child with the help of

a) Caregiver

b) Counselling

c) Passive and active activities

d) moral support

HOMECARE ENVIRONMENT

17. The most important responsibility of the caregiver while caring in home environment is

a) Assisting

b) Strict supervision

c) Education

d) Intervene with childs activities

18. Which self help skill will you teach your child first?

a) Self feeding

b) Toileting

c) Self grooming and self dressing

d) self care

19. If a child performs activities at home independently like dressing, feeding , bathing, the caregiver needs to

a) Motivate to learn along with caregivers

b) Provide moral support to complete care

c)Initiate themselves in doing activities

d)stop the positive reinforcement

SELF IDENTITY

20.How do you address your Autistic child by his / her

a) Name

b) Pet name

c) nickname

d) Based on illness / disease

21. What will you do, if a visitor comes to your home?

a) Have the child with you

b) Do not allow the child to interact
c) Hide the child from the visitor
d) Do not allow them to come inside home

22. For developing the positive adaptive behaviour the caregiver needs to expose the child to
a) Behavioural modification technique
b) Manipulation of the environment
c) Behavioural modification technique, manipulation of the environment and special schooling
d) Self adaptation

23. Positive reinforcement enhances to develop the following
a) Self-esteem and desirable behavior
b) Self esteem
c) Desirable behaviour
d) Negative behaviour

24. To improve the playskills the caregiver can use
a) Turn taking approach
b) Structured teaching approach
c) Pretending approach
d) Symbolic approach

25. To find out a person who can communicate on personal issues train the child to talk with
a) Trusted person
b) Any relatives
c) Friends
d) Parents

SCORING KEY

SECTION- B: Structured knowledge questionnaire regarding homecare management of Autistic children

This section consists of 25 questions, 6 questions related to general information on Autism, 7 questions related to communication, 3 questions on physical mobility, 3 questions on homecare management of Autistic children, 6 questions on self identity. The questionnaire was administered in the form of multiple choice methods. The caregivers need to tick the most appropriate answer. The scoring was given below:

Score	Percentage	Category
1-8	<50%	Inadequate knowledge
9-17	50-75%	Moderately adequate knowledge
18-25	>75%	Adequate knowledge

The answer key for the structured knowledge questionnaire furnished below:

ANSWER KEY

1- C	14- A
2- C	15-C
3- C	16-A
4- B	17- C
5- C	18- D
6- B	19- C
7- C	20- A
8- D	21-A
9- C	22-A
10- D	23-A
11- A	24-A
12- A	25-A
13- B	

SECTION – C: B. VICKERS MODIFIED ATTITUDE SCALE FOR ASSESSING ATTITUDE OF THE CAREGIVERS REGARDING HOMECARE MANAGEMENT OF AUTISTIC CHILDREN

Sl. No.	Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	**COMMUNICATION** I have difficulty in talking with my son / daughter.					
2.	I have difficulty in communicating when I am alone with the child					
3.	I have difficulty in understanding my childs way of communicating					
4.	I have difficulty in understanding my childs feelings.					
5.	I do not know what to do when my child fails to understand me					
6.	I get upset with my sons / daughters lack of emotion /feeling.					
	PSYCHOLOGICAL ASPECTS EMOTIONAL					
1.	I enjoy more , the time I spend with my child					
2.	My child brings out feelings of happiness and pride in me.					
3.	It is easier for me to play and have fun with my child.					
4.	My child makes me feel more energetic.					
5.	My childs behaviour bothers me more.					

Sl. No.	Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	WORRY					
1.	My child makes me feel more confident					
2.	I feel like I am working alone trying to deal with my child's behavior.					
3.	I feel my spouse doesn't support me to take care of the child					
4.	I feel like killing myself.					
5.	I wish my child was dead.					
	GUILT					
1.	I feel like I could be a better parent with my child					
2.	I feel like I should have better control over his / her behavior					
3.	I feel inadequate to bring up my child.					
4.	I feel it is sin/ curse to have a child like this.					
	SOCIAL					
1.	I feel that other people do not understand what my son/ daughter wants to express.					
2.	I notice that some people make fun of my son/daughters way of expression.					
3.	I have the impression that people avoid my son/ daughter.					
4.	I have noticed that some people think of my son/ daughter is strange / mentally sick.					
5.	I feel that my son is not able to mingle socially.					

SCORING KEY

SECTION- C: B.Vicker attitude scale to assess the attitude of the caregivers regarding homecare management of Autistic children.

B.Vicker modified attitude scale used to assess the attitude of the caregivers regarding homecare management of Autistic children. It consisted of 25 questions (11 positively stated and 14 negatively stated items) rated in 5 point likert's scale. The scoring was given below:

Type of response	Positive statements	Negative statements
Strongly agree	5	1
Agree	4	2
Uncertain	3	3
Disagree	2	4
Strongly disagree	1	5

Interpretation:

1 – 6 = Positive

1 – 5 = Positive

1 – 5 = Negative

1 – 4 = Negative

1 – 5 = Negative

Score	Percentage	Category
1-49	<50%	Unfavorable Attitude
50-99	50-75%	Moderately favorable
99-150	>75%	Favorable attitude

Statement details:

Items	Question numbers	Remarks
Positive statements	1-6, 1-5	11
Negative statements	1-5, 1-4 ,1- 5	14

Total number of questions= 25

APPENDIX – H

PLAGIARISM REPORT

Plagiarism Detector - Originality Report

Plagiarism Detector Project: [http://plagiarism-detector.com]

Originality report details:

Generation Time and Date:	8/10/2014 5:24:28 PM
Document Name:	all chapt corr aug 8th.docx
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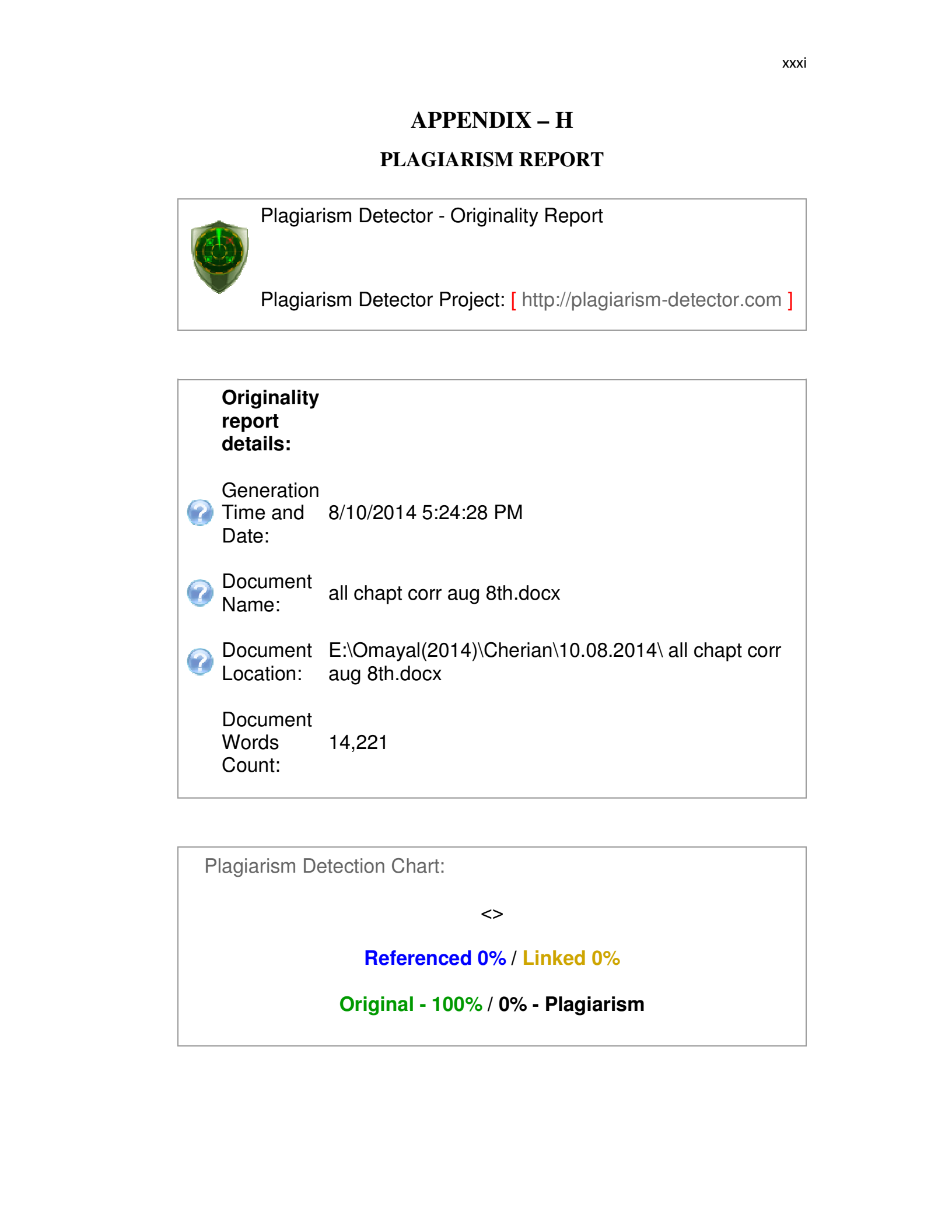
Document Words Count:	14,221

Plagiarism Detection Chart:



APPENDIX – I

CODING FOR DEMOGRAPHIC VARIABLES

Demographic variables

SECTION- A: DEMOGRAPHIC VARIABLES

AUTISTIC CHILD

i. Age of the child

a) 0-5 1

b) 6-10 2

c) 10-15 3

d) 16-20 4

ii. Gender of the child

a) Male 1

b) Female 2

iii. Birth order of child

a) First 1

b) Second 2

c) Third 3

d) Fourth 4

iv) Number of siblings

a) 1 1

b) 2 2

c) 3 3

d) Above 3 4

CAREGIVER

i. Age of the caregiver

a) 25-35 1

b) 36-45 2

c) 46-55 3

d) 56-65 4

ii. Gender of the caregiver

a) Male 1

b) Female 2

iii. Care givers education

a) pre-literate 1

b) primary 2

c) Higher secondary education 3

d) Graduate / postgraduate 4

iv. Occupation

a) Government 1

b) Private 2

v. Family income

a) <Rs. 2000 1

b) Rs.2000 –Rs.5000 2

c) Rs.5000 - Rs.8000 3

d) >Rs.8000

vi. Religion

a) Hindu 1

b) Christian 2

c) Muslim 3

d) Others 4

vii. Area of residence

a) Rural 1

b) Urban 2

viii. Type of marriage of parents

a) Consanguineous 1
b) Intercaste 2
c) Inter-religion 3
d) Non Consanguineous 4

ix. Type of family

a) Nuclear 1
b) Joint 2

x. Relationship of the family caregiver

a) Parents 1
b) Grand parents 2
c) Relative 3
d) Specially trained persons 4

xi. Marriage within the relatives

a) Yes 1
b) No 2

xii. Is there any History of autism children in your family?

a) Yes 1
b) No 2

APPENDIX – J

BLUE PRINT

S.No.	Topic	Item	No. of items	Percentage
1.	Demographic variables	1-9		
2.	Knowledge questionnaire			
	General information	1-6	6	12
	Communication	7-13	7	14
	Physical mobility	14-16	3	6
	Homecare environment	17- 19	3	6
	Self identity	20 - 25	6	12
3.	Attitude of the caregivers regarding .			
	Positive statements	1-6 , 1-5	11	22
	Negative statements	1-5 , 1-4, 1-5	14	28
	TOTAL		**50**	**100.00**

APPENDIX – K

INTERVENTION TOOL

Homecare management strategies were prepared by the investigator for the caregivers regarding how to manage Autistic children at home. It was taught to the caregivers for 2 and a half hours through lecture cum discussion, demonstration and pamphlet distribution. The details of the intervention tool is given below.

Lecture cum discussion:

Lecture cum discussion for about 2 Hours on general information on Autism, lifeskills and homecare management of Autistic children.

Demonstration:

The researcher demonstrated the communication techniques of Autism for the caregivers. The total duration of the demonstration was 30 minutes

Pamphlet:

Pamphlet contains information regarding homecare management of Autistic children.

APPENDIX – L

DISSERTATION EXECUTION PLAN – GANTT CHART

S.NO	ACADEMIC CALENDER MONTHS	OCTOBER 2012 to SEPTEMBER 2013												OCTOBER 2013 to SEPTEMBER 2014											
		O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
A	**Conceptual phase**																								
1	Problem identification																								
2	Literature review																								
3	Clinical fieldwork																								
4	Theoretical framework																								
5	Hypothesis formulation																								
B	**Design & planning phase**																								
6	Research design																								
7	Intervention protocol																								
8	Population specification																								
9	Sampling plan																								
10	Data collection plan																								
11	Ethics procedure																								
12	Finalization of plans																								
C	**Empirical phase**																								
13	Data collection																								
14	Data preparation																								
D	**Analytical phase**																								
15	Data analysis																								
16	Interpretation of results																								
E	**Dissemination phase**																								
17	Presentation or report																								
18	Utilization of findings																								
	Calendar months	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9

LESSON PLAN

ON

HOME CARE MANAGEMENT

ON

AUTISM

LESSON PLAN

HOME CARE MANAGEMENT ON AUTISM

TOPIC	**:** Home care management of Autism.
GROUP	**:** Caregivers of children with Autism.
TIME	**:** 30 mins
PLACE	**:** Pampady, Kottayam District.
STUDENT TEACHER	**:** Nurse educator.
SEATING ARRANGEMENT	: Theatre Method
METHOD OF TEACHING	: Lecture cum discussion
MEDIUM OF INSTRUCTION	: Malayalam
AV AIDS	**:** Booklet

OVERALL OBJECTIVE

At the end of the teaching the caregivers with Autistic children will have adequate knowledge and favorable attitude regarding home care management of Autism.

SPECIFIC OBJECTIVES

At the end of the teaching the caregivers with Autistic children will able to

- explain the meaning of Autism.
- discuss the homecare management of autism
- describe about life skill establishment in the child.
- enlist the methods of improvement of attitude of parents.

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
1.	To introduce the topic and elicit the previous knowledge of childhood problems.	**INTRODUCTION** Childhood is the time to explore new things and have new experience. Childhood leaves us with great memories for the rest of life. It is a time when a kid is free and doesn't have many responsibilities .In some cases childhood defines or has a lot to do with how a person turns out as an adult. Every child is not fortunate enough to enjoy either due to physical or mental illness. These illnesses cripple the child and makes them disabled throughout survival. One among such challenging disabilities encountered among children is Autism.	
2.		**OBJECTIVES OF THE PAMPHLET** This pamphlet is developed to train the caregivers of parents with Autism provides knowledge about how to take care of clients with Autism and improves the psychological well being of caregivers .	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
3.	define the meaning of autism	. Children affected by an impairment of normal physical or mental function characterized by severe deficits in social interaction and communication, by an extremely limited range of activities and interests, and often by the presence of repetitive, stereotyped behaviors.	Investigator defines meaning of Autism
4.	explain the homecare management of autism	**HOME BASED CARE ON DAILY LIVING SKILLS** **EATING** • When establishing daily schedules there should be considerable gaps between set snacks or meal times. • If the child becomes either over or under stimulated due to the presence and noise level of others , it may be necessary to have the child eat their snack in a quieter , calmer setting . • Should be encouraged to assist in setting the table with a bowl, spoon and glass and assisted to pour cold beverages or put food in their bowl. • A clear glass is often easier for the child to make association between cause and effect while pouring or	Investigator explains the homecare on living skills.

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		drinking. • If the child eats only dry crunchy foods , the use of a spoon can be incorporated. • Associated skills such as cleaning up, sweeping th e floor or wiping the table should also be taught. • When placing each item on the table, the assistant may choose to name each item. • Hand washing before and after snacks should also be modeled • Times should be closely supervised , with the assistant sitting either besides or across from the child. • The amount of food given to the child at one particular time should be limited in order to increase opportunities for non verbal communication. • When they no longer show an interest in eating the food , it should be removed and offered at a later time. • Variety of foods can be encouraged to try , however it should never be forced upon them	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		• A supply of their favourite food items needs to be often provided for all eating times throughout the day. **TOILETING** • Child must be taught tasks associated with bathroom routines , such as appropriately entering and exiting the bathroom , sitting unassisted on the toilet, dressing and proper hand washing must also be taught. • Other associated skills such as flushing the toilet, dressing and proper hand washing must also be taught. • Daily toilet routines should be scheduled shortly after snacks, lunch , running or outdoor activities for a highly probability for success • Toilet facilities must be readily accessible, including proper diaper changing area, have storage for extra diapers or clothing and have a sink appropriate for the child to use. • If the washroom is one that other students use, schedules must	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
.		allow for the assistant to accompany the child all times. • The child shpuld be encouraged to sit back on the toilet seat with legs together .It may be necessary for the assistant to hold the childs hands at first for balance. • Entering and exiting must be carried out quickly to eliminate undesired fixations like repeatedly flushing the toilet or playing with the water in the toilet bowl. **DRESSING** • The majority of dressing routines are usually carried out in the home , however tasks such as putting on a coat , shoes, socks , boots, mitts or toque should be taught within a school programme • The child usually require assistance with zippers, buttons, snaps, laces and buckles .Autistic children may insist on wearing inappropriate clothing for weather conditions or overlook finishing touches during dressing routines.	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
8.		• Use simple clothing for child . Look for things , pullover shirts and slip – on shoes. • When trying to determine which skill to teach first,closely observe the child to see what items they remove on their own. • It is easier for children to take things off then to recall the steps needed for putting them on. • Many children learn more readily by sensing how things feel, rather than by being told or shown. • At first the childs fingers may feel limp as the assistant uses the hand - over hand method of taking them through all steps of the task. • When the assistant begins to feel slight tension in the childs hands , prompting is reduced to pointing or verbally cuing the child to initiat and carry out the task. • Items of clothing which are slightly oversized with large buttons, zippers and snaps are much easier for the young child	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		to conquer . • Velcro or elastic waist bands should be used as much as possible , since small belt buckles and jean buttons are very difficult for most low - functioning autistic children. **GROOMING HYGIENE**  **Washing Face** • When teaching the child to wash their face and hands they should learn to turn on the water, wet and lather hands or	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
.	.	face , rinse and turn off the water before drying. • They should also be encouraged to hang up the wash cloth and towel in an orderly fashion. • Once completed a final look in the mirror is used to help bring the activity to a close • If the child fails to look down at their hands, a small bell can be hidden in the assistants palm and jingled throughout. • Water play activities involving bubbles and clothes help the child cause and effect. **<u>Hair Brushing</u>** • During the early stages of programming , hair brushing can be designated as a "workbasket task" as the child sits at a table to complete the task. • If using a large wide- toothed comb , it is helpful to attach a sticker to the edge of the comb to indicate which side they must grasp.	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		• A small hairbrush is often easier for them to grasp in their palm and sense the weight of. • Songs like " This is the way we brush out – (hair) and " Brush, Brush , Brush Your Hair " are excellent for the assistant to sing to the child as they attempt the task. **<u>Brushing Teeth</u>** • A soft child – sized toothbrush , toothpaste and disposable cups should be purchased, clearly labelled with the childs name and stored in a secure cabinet close to a sink. • The child should be taught how to grasp and hold the toothbrush , put toothpaste on, open their mouth and brush their teeth in an up / down and back/ forth direction. • Hand – over – hand guidance will usually be required throughout most stages of the activity. • After completing brushing their teeth , encourage children to rinse with a small amount of water and dispel in the sink.	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		• Removing the cap of the toothpaste or placing it back on, requires more sophistication of fine motor skills and can be encorporated at a later time. **Nasal Hygiene** • Nasal hygiene must also be reinforced within the childs daily routines particularly if thy suffer from " running noses " due to upper respiratory problems and infections. • They must be shown how to open up a facial tissue , place it over their nose in a tent - like fashion, gently wipe or blow it and discard the tissue. **SOCIAL INTERACTION _ PRO – SOCIAL BEHAVIOURS** • Behaviours which foster interaction are referred to as pro-social, whereas behaviours which lead to less favourable results and outbursts are refered to as anti- social . • When recording the behaviours of a specific child for the	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		purpose of assessment, each behavior must be described , along with occurrence and frequency. • Sharing , co operating , kindness and generosity towards others are also necessary social skills for establishing and maintaining relationships. • Behaviours such as initiating cotact with others are also necessary socialskills for establishing and maintaining relationships. • When children engage in pro- social behaviours they should be immediately rewarded with tangible or social reinforces. • When the adult labels the desired behavior, smiles , establishes eye contact and physically gets down to the child's level , it further illustrates to the child that their actions are meaningful and worthwhile . • Voice intonation and varied pitch should also be used by the assistant as additional cues. By increasing the amount of positive reinforcement for socially acceptable behavior 's, less	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		desired ones will soon diminish. • It is recommended that the assistant reinforce positive behaviours four times as often as they would for anti –social behaviours through internal control rather than being punished for them. • Social Reinforces: Hugs , Touching or Patting ,Praising , Peer Approval , Smiling , Clapping and Nodding • Tangible Reinforcers: Childs favourite toy given during brief solitary play times / small amounts of food or beverage **<u>MODIFYING ANTI – SOCIAL BEHAVIOUR</u>** • The behaviours that many autistic children engage in on a daily basis are extremely disruptive to others. • Mal adaptive or socially unacceptable behaviours occur when individuals haven't learned to regulate their own behaviours in response to other peoples actions. • When children do not possess the ability to effectively control	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		their behaviours ,anxiety increases often causing sudden and intense behavioural outbursts . • These continually distract others and become very difficult to deal with in a regular school setting .A great deal of patience and consistency is required when dealing with these behaviours • By carefully observing the child over extended periods of time, the assistant is able to detect small non- verbal signs of stress , thereby sensing the precise moment to intervene. • Alternate activities such as brief walks ,swinging and listening to music help the child to refocus. • Soft toys or short lengths of knotted rope have been helpful in reducing some childrens desire to engage in inappropriate body touching. • If anti- social behaviours do not harm or distress others , they may be selectively ignored. • These behaviours may also be shaped into more appropriate forms of social interaction through the use of modeling ,	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		consistency and firm redirection. **ENGAGING CHILD IN PLAY** • Play fosters children's development intellectually , socially , emotionally , physically and creatively. • When children engage in play ,they feel a certain amount of pleasure - in other words , it is said to be intrinsically motivated. • As children develop , the way in which they use materials changes changes from functional to constructive , then on to dramatic and finally games with rules . • Functional play occurs when the child uses the materials in simple , repetitive and exploratory ways. • During constructive play children use materials to achieve a specific goal.When children pretend with items, they are engaged in dramatic play. • While children are engaged in solitary , parallel,associative or	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		co operative play , various social interactions occur . • Younger children most often engage in solitary play , however older children may prefer to playalone for brief periods of time to develop their own thinking and ideas . • Parallel play involves children playing beside each other but not necessarily with one another. • Associative play involves common materials being shared among children. • When children plan, assign roles and play together it is referred to as cooperative play. • Observing the childs current stages of development and assessing his / her needs is the first priority. • Functioning levels are then evaluated in order to establish appropriate objectives for the specific child. • Adequate materials, equipment, time and space must be provided and rules established . • Moving objects, glittering and bright coloured toys should be	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		selected. **<u>IMPROVING COMMUNICATION:</u>** • Poor communication is a chief limitation for children with Autism, as many have a severe language . Efforts at communicating succeed when ✓ You speak clearly ✓ Use short sentences ✓ Be as concrete as possible ✓ Ask specific questions , such as, • Does your tummy hurt?'' instead of vague "What hurts you '' ✓ Use repetition ✓ Keep your tone of voice pleasant and cheerful ✓ If verbal intervention is ineffective, be aware that some children may respond to visual cues.	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		ADMINISTERING DRUGS • If the child has to take medications, try to administer them using exactly the same procedures and words each time. • To teach the child to accept and swallow , the following steps should be involved ❖ Sit down appropriately ❖ Open the mouth wide ❖ Administer medication and allow to drink water and so on. ❖ Choose a motivator that's personally relevant to the child and reward each cooperative step **MANAGE CHANGE IN ROUTINES** ❖ Nothing is routine for a child with Autism ❖ New procedures are considered typical in most school settings and may be challenging for a child. ❖ For those who are hypersensitive to touch,learning selfcare	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		activities may be difficult; what other students experience as empathetic hand on the shoulder might feel painful to one with Autism ❖ So before initiating new procedure , be sure to establish eye contact ❖ Know that calling the child's name may have no effect, so you may need to gently turn the childs head towards you **<u>MANAGING PHYSICAL AND SELF INJURIES</u>** ❖ Some children have chronic somatosensory disturbances that mean involve extreme sensitivity to odours, sounds , touch and textures . Others have sensory underactivity , including insensitivity to pain. ❖ For example- the child may become extremely agitated if you attempt to apply an adhesive bandage as an alternative , use spray or liquid bandaging to cover an open wound and prevent the spread of body fluids	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		❖ Always stay alert and try to discuss them with their teachers and healthcare professionals. ***HOME CARE OPTIONS FOR INDIVIDUALS WITH AUTISM*** ➢ Caring for a child or relative with autism presents a number of unique challenges. ➢ This neural development disorder is still a subject of extensive research, without any single known cause. ➢ Since autism is a spectrum disorder, individuals can display a broad range of symptoms. • **Some of the most prominent characters include :** ➢ a lack of empathy, problems with eye contact and communication, a delayed ability to speak, echolalia, a strong desire for routine and an obsession with a particular subject. ➢ Autistic people may also engage in "stimming," or self-stimulating, repetitive behaviors such as hand-flapping or rocking.	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		➢ Helping the autistic individual complete his or her daily routines. ➢ Ensuring that the person stays safe, helping to administer medications. ➢ Assisting the autistic person in mastering new skills. Some families may seek home services that include household chores, such as preparing meals, or accompanying the autistic person to community events. The exact range of duties is as variable as the families that need home health care services In-home care, helps the autistic person's family, by providing more stability and helping family members avoid excessive stress or burn-out. The decision to seek home care services can be one of the most helpful tools a family has when dealing with an autism diagnosis ***COMMUNICATION :*** Communication need not be verbal or spoken always. Communication involves	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		• Gestures • Body language • Signs, symbols or pictures • Writing and other nonverbal means of communication such as traffic lights. **STRATEGIES:** • Child with Autism may not understand the power of communication • They have to understand that they can communicate with others who inturn can help them. • Provide meaning to socially appropriate behaviour at the initial stage itself. • Music and action songs help to improve communication skill if the child likes. • Using wind up toys helps to improve the communication skills by making the child to think that without winding keys	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		toy cannot be played with. **GETTING ATTENTION** • Make the child aware that it is important that the other person listens and attend to them for communicating. • Using PECS (Picture Exchange Communication System) and tapping the person helps to gain more attention. Frequent repetition of similar strategy helps to understand the child about the importance of gaining others attention **POINTING SKILLS :** • Books helps to improve the pointing skills . • Name the object and give it to them. • Ask them to point out to the object using finger. • Once identified the object in the proximity, encourage to do the same	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		DEVELOPING IMITATION SKILLS • In Autism imitation skills are absent. • For this ,the adult joins the child in their activity and imitates the child and rocks. • Adult movement can be realised by the child and thus the imitation of action develops in the child slowly. **TURN TAKING***:* • Children are exposed to turn taking activities by rolling a car or ball with another person. • Find a totally uninterested toy and encourage to take turn • Move on to the interested ones gradually to develop more trust in them. • Then move on to the group to teach the child more turn taking skills using objects and the attention	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		SELF-CARE STRATEGIES PARENTS FOR IMPROVING ATTITUDE Autism and Asperger's syndrome simply complicate what is already the tough job of being a parent. Parenting is similar to running a marathon; you need to pace yourself for the long term. These self-care strategies for parents can help you to look after yourself, so you can look after your child better. **DEALING WITH STRESS** Parents with children on the autism spectrum usually experience greater stress than do parents of both children with other disabilities. They face the risk of psychological disorders, poor health and relationship breakdown and need to learn strategies for reducing the impact of stress. Parents need regular exercise, a balanced diet, regular sleep and rest and relaxation techniques. Other useful strategies include problem-solving on major issues, investigating and altering irrational beliefs, stress-reducing self-talk and meditation.	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		A balanced life can go a long way to reducing stress. To last the long haul, parents need to balance their needs along with those of their child, developing a lifestyle that balances caring with family, hobbies, socializing and work. Time management, goal setting and organization can help to reduce stressors, create time for enjoyable activities and maintain social support. **RESPITE CARE** When parenting an autistic child is very demanding, many parents find that surviving is a matter of taking time out for themselves. Respite care is an essential part of the overall support that families may need. It can be provided in the home or in a variety of out-of-home settings. Since not all families have the same needs, respite care is usually flexible to fit in with a family's requirements. It might be for a few hours, a day or longer, and you don't have to be a full time carer to access services. Make sure you have a regular schedule of breaks using respite care.	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		DEALING WITH FEELINGS Guilt, anger, resentment, fear, stress, anxiety, depression and grief can be part of the emotional journey faced by parents of a child on the autism spectrum. With time, the worst of these feelings will go. It is normal to feel as if you are going crazy at times, and it does not help to try to suppress or deny what you are feeling. There is a reason you are having them, and they will lessen when they are ready. One common emotion that family members experience is denial. They refuse to acknowledge that things are as bad as they are. They believe that they are handling things just fine, and that everything will be back to normal soon. Although this does not represent reality, it can be a healthy, short-term way for some people to cope. In a sense, denial gives those experiencing it a "vacation" from the constant turmoil they are feeling. Denial can be a problem, however, if the family member has unrealistic expectations about recovery. The best way to deal with your	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		feelings is to accept them, but make sure you can talk about your feelings with someone who understands, whether it is a family member, friend, counselor or support group. **SELF-ADVOCACY FOR PARENTS OF AUTISTIC CHILDREN** At some point, carers will find themselves unhappy with the level of support from a particular hospital, health professional, school, therapist or welfare association. You have the right to expect appropriate support or treatment, and should be assertive in claiming what you want: in effect you will need to be an advocate for your child. There are grievance procedures and appeal processes in most cases. Your autism association may be able to assist, or link you with advocacy organizations. **BE EASY ON YOURSELF** Avoid the superhero attitude! You may try to be the model parent, with complete patience, courage, understanding, support and sacrifice. Be prepared for times when you feel like quitting, yelling, leaving and	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		breaking down. The parenting role is similar to running a marathon – you need to pace yourself for the long haul. Trying too hard in the early stages may mean you lose all your energy further down the track when your parenting skills may be needed even more. **AUTISM SUPPORT GROUPS FOR PARENTS** Caregivers can meet others in a similar position, have a break, get information and get support from others who know what your situation is like. Sharing ideas, feelings, worries, information and problems can help you feel less isolated. Sometimes family and friends won't understand the difficulties of parenting a child with autism. People in the support group will understand exactly what you are going through. Support groups bring together carers in local areas, sometimes under the guidance of a facilitator who is experienced in supporting carers. Often other carers or workers are invited to present information and training. Your autism association can help put you in touch with carer	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		support groups in your area. If there are none, always start a support group. **COUNSELING** Counselling involves talking to someone who understands and can work with you to give you the encouragement, support and ideas to improve your situation. It can be a way to assist with the many changes in your relationships and roles, as well as dealing with the strong feelings associated with parenting. Your local autism association can put you in touch with support groups or organizations. who can provide counselling. **PLANNING FOR HEALTH** Regular exercise, rest and nutritious food are all necessary in order to withstand stress. Try to plan day to get all three. Walking, swimming, yoga, gardening or dancing are good ways to get some gentle exercise. Learn to relax by listening to pleasant music, meditating or doing specific relaxation exercises can help you sleep better. Try new vegetables or fruit, eating at regular times and looking for new recipes are good ways of	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		making eating well easier. Make sure to laugh regularly, even if you need to get out your favourite comedies on DVD. **PLANNING TO KEEP FRIENDS & OUTSIDE INTERESTS** Try to relax and enjoy yourself. Maintain an identity of your own separate from that of being a parent. Keep your links to the world outside issues revolving around autism or Aspergers syndrome. Absorbing interests, having fun and relaxation are all good for your physical and mental health. Be aware that some friends may tire of you talking about the hassles of parenting an autistic child. You may become resentful and lose friends by expecting them to provide more support than they are willing to give. Try to be understanding in these situations – it may be best sharing your ordeal with other parents of autistic children who know what you are going through.	

S.NO	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
		Don't expect too much from friends. It can seem pointless talking about their everyday events when you are facing such a demanding battle, but use these opportunities to keep your friendships going and a chance to leave autism-related issues behind for a while. Remember, if the situations were reversed, you would probably not want to continually here about the problems of a disorder you know almost nothing about. You'll need your friendships as support for the long run so try to chat about 'normal things' as you used to do. **SUMMARY** So far we were discussed about the general aspects on Autism, methods of lifeskills and homecare management on Autism.	

പാഠ്യപദ്ധതി
ഓട്ടിസം കുട്ടികളുടെ വീട്ടിലെ പരിചരണം

വിഷയം :

ഗ്രൂപ്പ്	:	ഓട്ടിസം കുട്ടിക്കളുടെ പരിചരണക്കാർ
സമയം	:	30 മിനിറ്റ്
സ്ഥലം	:	പാമ്പാടി , കോട്ടയം ഡിസ്ട്രിക്ട്
ടീച്ചർ ട്രെയിനി	:	നേഴ്സ് പരിശീലക
ഇരിപ്പിടക്രമീകരണം	:	തീയറ്റർ രീതി
പഠിപ്പിക്കൽ രീതി	:	പ്രഭാഷണവും ചർച്ചയും
അഭ്യസന മാധ്യമം	:	മലയാളം
പഠനോപാധികൾ	:	ബുക്ക്ലറ്റ്

പൊതുവായ ഉദ്ദേശ്യം

ഓട്ടിസം കുട്ടികളുടെ പരിചരണക്കാർക്ക് ഈ പഠനശേഷം മതിയായ അറിവും അനുകൂല മനോഭാവവും ഭവനത്തിലുള്ള പരിചരണവും ലഭിക്കും

പ്രത്യേക ഉദ്ദേശ്യങ്ങൾ

പഠനത്തിനുശേഷം ഓട്ടിസം കുട്ടികളുടെ പരിചരണക്കാർക്ക് താഴെ പറയുന്ന കാര്യങ്ങൾ ചെയ്യുവാൻ സാധിക്കും

- ഓട്ടിസം എന്നാൽ എന്ത് ?
- പകർച്ച വ്യാധി തടയാനുള്ള ചർച്ച
- ഓട്ടിസത്തിന്റെ കാരണവും നിവാരണവും പട്ടികപ്പെടുത്തുക
- ഓട്ടിസത്തിന്റെ അടയാളങ്ങളും ലക്ഷണങ്ങളും രേഖപ്പെടുത്തുക
- ഓട്ടിസം കുട്ടികൾക്കു വേണ്ട പരിശോധനകൾ വിവരിക്കുക
- ഓട്ടിസം കുട്ടികൾക്കുവേണ്ട വിവിധയിനം ചികിത്സാ രീതികൾ രേഖപ്പെടുത്തുക
- കുട്ടിയുടെ ജീവിതചര്യ കഴിവ് വിവരിക്കുക
- ഓട്ടിസത്തിനു വീട്ടിൽ നൽകേണ്ട പരിചരണം വിവരിക്കുക
- രക്ഷകത്താക്കളുടെ സമീപനരീതി ഏതെല്ലാം രീതിയിൽ മെച്ചപ്പെടുത്താമെന്നു വിവരിക്കുക.

നമ്പർ	ഉദ്ദേശ്യം	ഉള്ളടക്കം
1. മുൻകാല കുട്ടിയുടെ പ്രശ്നങ്ങൾ പരിശോദ്ധിച്ച് വിഷയം അവതരിപ്പിക്കുക.	**അവതാരിക പരിചയത്തിലൂടെ** പുതിയ അനുഭവങ്ങളിലൂടെ പുതിയ കാര്യങ്ങൾ കണ്ടുപിടിക്കുന്നത് കുട്ടിക്കാലത്താണ്. കുട്ടിക്കാലത്തെ നല്ല ഓർമ്മകൾ ജീവിതത്തിൽ നിലനിർത്തുന്നു. ഉത്തരവാദിത്വങ്ങളൊന്നുമില്ലാത്ത സമയമാണത്. കുട്ടിക്കാല അനുഭവങ്ങൾ മുതിർന്നു വരുമ്പോൾ ജീവിതത്തെ സ്വാധീനിക്കുന്നു. നിർഭാഗ്യവശാൽ ചിലർക്ക് ശാരീരികമോ മാനസ്സികമോ ആയ വൈകല്യം മൂലം ബാല്യകാലം ശരിയായ രൂതിയിൽ ആസ്വദിക്കാനാവില്ല. ഈ വൈകല്യങ്ങൾ കുട്ടിയുടെ വളർച്ചയെ മുരടിപ്പിക്കുന്നു. അങ്ങനെയുള്ള ഒരു മുരടിപ്പിക്കൽ വൈകല്യമാണ് ഓട്ടിസം.	
2. 3. ഓട്ടിസം എന്താണന്നു വിവരിക്കുക	**ലഘുലേഖയുടെ ഉദ്ദേശ്യം** ഓട്ടിസം കുട്ടികളുടെ മാതാപിതാക്കൾക്കും പരിചയക്കാർക്കും ഇവരെ പരിചരിക്കുന്നതിനുള്ള മാനസ്സിക പുരോഗതി കൈവരിക്കുക. ശാരീരികമോ മാനസ്സികമോ ആയ പ്രവർത്തനങ്ങളിൽ വൈകല്യം ബാധിച്ച ഇത്തരം കുട്ടികളിൽ സാമൂഹിക ഇടപെടലിലും ആശയ വിനിമയത്തിനും സാരമായ ബുദ്ധിമുട്ടും ഒന്നിനോടും താത്പര്യമില്ലാത്തരും ഒരേതരമായ ചില പെരുമാറ്റങ്ങളും കാണാം.	പരിശോധകൻ ഓട്ടിസത്തെ നിർവ്വചിക്കുന്നു.

4. രോഗശാസ്ത്രം വിശദീകരിക്കുക	ഒാട്ടിസം ഏതുരാജ്യത്തേയും ഏതു സംസ്ക്കാരത്തിലേയും ആൾക്കാരിർകാണാം. ഇത് പെൺകുട്ടികളേക്കാൾ കൂടുതൽ ആൺ കുട്ടികളിലാണ്. (ഏകദേശം 4:1) എന്ന അനുപാതത്തിൽ.	പരിശോധകൻ രോഗശാസ്ത്രം വിവരിക്കുന്നു.
5.	**കാരണങ്ങൾ** കൃത്യമായ കാരണങ്ങൾ അവ്യക്തമാണ്. പക്ഷേ താഴെക്കാണുന്ന ചിലകാരണങ്ങൾ ഈ അവസ്തയ്ക്ക് പങ്കുവഹിക്കാറുണ്ട്. ♦ ജനിതക ഘടകങ്ങൾ ♦ വൈറസിന്റെ സംക്രമണവും ഗർഭകാലത്തെ സങ്കീർണ്ണതകളും ♦ പ്രസവസമയത്ത് കുട്ടിക്കുണ്ടാകുന്ന പരിക്ക് ♦ ഗർഭകാലഘട്ടത്തെ മാതാവിന്റെ അപസ്മാരരോഗ ചികിൽസ ♦ ജനനത്തിനുമുൻപുള്ള തലച്ചോറിന്റെ സാധാരണ വളർച്ച ♦ കുടുംബത്തിലാർക്കെങ്കിലും ബുദ്ധിമാന്ദ്യം ഉണ്ടെങ്കിൽ	പരിശോധകൻ കുഞ്ഞുങ്ങളെ പഴികയിലാക്കി വിശദീകരിക്കുകയും പങ്കെടുക്കുന്നവർ അത് ശ്രദ്ധിക്കുകയും ചെയ്യണം.
6. ഒാട്ടിസത്തിന്റെ അടയാളങ്ങളും ലക്ഷണങ്ങളും വിശദീകരിക്കുക	**ശാരീരിക ലക്ഷണങ്ങൾ** – ലഘുവായ ശാരീരിക പ്രശ്നങ്ങളൾ ഉദാ: ചെവിയുടെ വൈകല്യം., അസാധാരണ കൈവിരലടയാളം തുടങ്ങിയവ.	

പരുമാറ്റത്തിലെ ലക്ഷണങ്ങൾ

- ♦ ആശയവിനിമയം
- ♦ സാമൂഹിക ഇടപെടൽ
- ♦ ആവർത്തിച്ചുള്ള പെരുമാറ്റങ്ങൾ
- ♦ മോശം കളിശീലങ്ങൾ

കുട്ടിക്ക് ഭാഷാപരമായ രോഗങ്ങൾ ഉണ്ട്

അതായത് അവർക്ക് താഴെപ്പറയുന്നവ സാധിക്കില്ല.

- ♦ കൈമുദ്രകളിലൂടെയുള്ള ആശയവിനിമയം -പ്രത്യേകിച്ച് സാധനങ്ങളെ ചൂണ്ടിക്കാണിക്കൽ
- ♦ കണ്ണിൽ നോക്കിയുള്ള സംസാരം
- ♦ മുഖഭാവപ്രകടനങ്ങൾ
- ♦ സാംസ്ക്കാരിക ശബ്ദ വ്യതിയാനങ്ങൾ
- ♦ വികാരങ്ങളെ സ്വതന്ത്രമായി പ്രേക്ഷിപ്പിക്കൽ

* ചിലപ്പോൾ അവർ കേൾവി നഷ്ടപ്പെട്ടതുപോലെ പെരുമാറും പേരു വിളിച്ചാലും പ്രതികരിക്കാതിരിക്കും.
* മറ്റുള്ളവർ സംസാരിക്കുന്നത് അനുകരിക്കൽ
* കുട്ടി മറ്റുള്ളവരുമായി ഇടപഴുന്നതിൽ താൽപര്യം കാണിക്കുകയില്ല. അവൻ ഒറ്റയ്ക്കിരിക്കാൻ താത്പര്യരപ്പെടും
* സുഹൃത്തുക്കളെ ഉണ്ടാക്കുന്നതിനുള്ള ബുദ്ധിമുട്ട്.
* വിവിധ സാഹചര്യങ്ങളിൽ എങ്ങനെ പെരുമാറണമെന്നു അതിന്റെ സാമൂഹിക ചട്ടങ്ങൾ അറിയതാവുകയും ചെയ്യുന്നതിനാൽ അവർക്ക് സാമൂഹിക കഴിവുകളിൽ പരിക്കുനനതിന് സഹായം വേണം.

	* കുട്ടി മിക്കപ്പോഴും സ്വരസ്ഥാണെന്ന് തോന്നും ആയത് കുട്ടി മറ്റുള്ളവരെ പറ്റി ചിന്തിക്കാറില്ല. * അവർ ചുറ്റുപാടുകളിൽ തികച്ചും അവബോധമില്ലാതായിരിക്കും. * മറ്റുള്ളവരുമായി താത്പര്യങ്ങൾ പങ്കുവയ്ക്കുക വളരെ കുറവായിരിക്കും. * ചില അസാധാരണ ശാരീരിക ചലനങ്ങഅങ്ങൾ അവർകാണിക്കാറുണ്ട് ഉദാ. കൈവീശൽ, വിരൽ വെട്ടുക, അസാധാരണ നടത്തം, കാൽ വിരൽ കുത്തി ഉപ്പൂറ്റി ഉയർത്തി നടക്കുക. ശരീരം മുന്നോട്ടും പിന്നോട്ടും ആട്ടുക. തലയിൽ സ്വയം ഇടിക്കുക തുടങ്ങിയവ. * അവരുടെ പതിവുശീലങ്ങൾ എന്തെങ്കിലും മാറ്റം ഉണ്ടായാൽ അതുമായി പൊരുത്തപ്പെടാൻ ബുദ്ധിമുട്ടുണ്ടാകുകയും അവർ ദേഷ്യം പ്രകടിപ്പിക്കുകയും ചിലപ്പോൾ സ്വയം വേദനിപ്പിക്കുകയും ചെയ്യുക. * ചില ശബ്ദങ്ങളോടും തുണുകളോടും , മണത്തോടും സ്പർശനത്തോടും അവർ അതീവ സവേദനക്ഷമത കാണിക്കാറുണ്ട്. * മറ്റുള്ളവർ അത് രക്ഷാകർത്താക്കളാണങ്കിൽ പോലും അവരെ തൊടുന്നത് അവരെ അസ്വസ്തരാക്കാറുണ്ട്. * കളികൾക്കിടയ്ക്ക് കൃത്രിമം കാണിക്കാൻ കഴിയില്ല * കളിപ്പാട്ടങ്ങളെ നശിപ്പിക്കും * ഒരേപ്രവർത്തി തന്നെ വീണ്ടും വീണ്ടും ചെയ്യും ഉദാ. കാറിന്റെ ചക്രങ്ങൾ മാത്രം കറക്കുക. * ഒറ്റയ്ക്കുള്ള കളികളിൽ കുട്ടിയ്ക്ക് കൂടുതൽ താത്പര്യം	

	രോഗനിർണ്ണയം ■ രോഗനിർണ്ണയം കുട്ടുയുടെ സ്വഭാവത്തേയും വളർച്ചയുടേയും അടിസ്ഥാനത്തിൽ. ■ നിരീക്ഷണത്തിൽ മനസ്സിലായാൽ തുടർന്ന് കുട്ടി വിവിധ ശീരീരിക പരിശോധനകൾക്ക് വിധേയമാകേണ്ടതാണ്. ചിലകുട്ടികൾക്ക് ശ്രവണ പരിശോധനയും നടത്തുന്നതാണ്. ■ അടിസ്ഥാനപരമായ പരിശോധനകൾ അല്ലങ്കിൽ മററു സ്ക്രീനിംങ് ടെസ്റ്റുകളും മാതാപിതാക്കളാൽ പൂരിപ്പിക്കേണ്ടതാണ്. **ചുവടെ വിവിധ ചികിൽസാ രീതികൾ കൊടുത്തിരിക്കുന്നു.** 1. മരുന്നു കൊടുത്തുള്ള ചികിൽസ 2. വൈറ്റമിൻ ചികിൽസ 3. ഭാഷാപരമായ കഴിവുകൾ വികസിപ്പിക്കുന്തിനുള്ള പരിശീലനങ്ങൾ 4. മഗ്നേഷ്യം, വൈററമിൻ, ഫോളിക് ആസിഡ് അടങ്ങിയ ആഹാര പദാർത്തങ്ങൾ ഉൾപ്പെടുത്തികൊണ്ടുള്ള ഡയറ്റ് ചികിത്സ. 5. ആന്റി ഈസ്റ്റ തെറാപ്പി 6. മറ്റു വ്യവസ്ത ചികിത്സകൾ: ◊ പ്രത്യേകതരം ഭക്ഷ്യനിയന്ത്രണ ചികിത്സ 7. വിദഗ്ദ സ്പഷൽ എഡ്യൂക്കേഷൻ കുട്ടികൾക്ക് വിവിധ കഴിവുകളിൽ വിദഗ്ദ പരിശീലനം നൽകുന്ന ചികിൽസ 8. കുടുംബത്തിന്റെ സപ്പോർട്ട് : കുടുംബാംഗങ്ങൾക്ക് ഈ രോഗത്തിനെ പറ്റിയുള്ള അറിവ് പ്രദാനം ചെയ്യുക. ശാരീരിക പ്രശ്നങ്ങളെ അവയവങ്ങൾ നൽകുക തുടങ്ങി വിവിധ മാർഗ്ഗങ്ങളിലും ഈ രോഗാവസ്ഥയുമായി പൊരുത്തപ്പെടാൻ സഹായിക്കുക.	പരിശോധകൻ വിവിധ രോഗനിർണ്ണയ പരിശോധനകൾ വിവരിക്കുന്നു.

ആഹാരം കഴിക്കുന്നതിന്

- ♦ ദൈനം ദിന പ്രവർത്തനങ്ങളെ റീഷെഡ്യൂൾ ചെയ്യുമ്പോൾ ഭക്ഷണത്തിനുള്ള സമയങ്ങൾ കൃത്യമായി നല്ല ഗ്യാപ്പ് ഇടേണ്ടതാണ്.

- ♦ കുട്ടിക്ക് അസ്വസ്തതകളൊന്നുമില്ലാത്ത സ്ഥലത്തിരുന്ന് ശാന്തമായി സ്വസ്തമായി ആഹാരം കഴിക്കാൻ അനുവദിക്കണം.

- ♦ കുട്ടിയെ പാത്രങ്ങളും ഗ്ലാസ്സുകളും മേശയിൽ വെയ്ക്കുന്നതിന് പ്രോത്സാഹിപ്പിക്കുകയും സ്വയം വെള്ളം ഒഴിച്ചുകുടിക്കുന്നതിനും ആഹാരം വിളമ്പുന്നതിനും സഹായിക്കേണ്ടതാണ്.

- ♦ സുതാര്യമായ ഗ്ളാസ്സ് ഉപയോഗിക്കുന്നത് കുട്ടിയുടെ വെള്ളം കുടിക്കുന്നതുമായി ബന്ധപ്പെട്ട ചിലപ്രവർത്തനങ്ങളെ സഹായിക്കുന്നതാണ്.

- ♦ കുട്ടിയായ ആഹാരപദാർത്ഥങ്ങൾ മാത്രമാണ് കുട്ടി കഴിക്കുന്നതെങ്കിലും സ്പൂണിന്റെ ഉപയോഗം അവനെ പരിശീലിപ്പിക്കേണ്ടതാണ്.

- ♦ മേശ വൃത്തിയാക്കാൻ, തറ വൃത്തിയാക്കൽ തുടങ്ങി കുഞ്ഞു കുഞ്ഞു ജോലികളിൽ കുട്ടിയെക്കൂടി ഉൾപ്പെടുത്തണം.

- ♦ ഓരോസാധനങ്ങളും വെയ്ക്കുമ്പോൾ പരിശീലനത്തിലുള്ള പങ്കാളി ഓരോന്നിന്റേയും പേരുകൂടി പറയണം.

.	♦ കഴിക്കുന്നതിന് മുൻപും ശേഷവും കൈ കഴുകുന്നതിന് പരിശീലിപ്പിക്കണം. ♦ ഓരോന്നിന്റേയും സമയം നിരാക്ഷിക്കേണ്ടത് അത്യാവശ്യമാണ്. ♦ കുട്ടിയുടെ സംസാരിക്കുന്ന പ്രവണത വർദ്ധിപ്പിക്കുന്നതിനു. വേണ്ടി അവന് പ്രോത്സാഹനമായി നൽകുന്ന ആഹാര പദാർത്ഥം കുറച്ചുമാത്രമേ കൊടുക്കുവാൻ പാടുള്ളു. അത് അവന്റെ സംസാരിക്കുവാനുള്ള പ്രവണത വർദ്ധിപ്പിക്കും ♦ ആഹാരം കഴിക്കുവാൻ താത്പര്യം പ്രകടിപ്പിച്ചില്ലങ്കിൽ അത് പിന്നീട് കൊടുക്കാവുന്നതാണ്. ♦ വിവിധ തരം ആഹാര പദാർത്ഥങ്ങൾ നൽകാവുന്നതാണ്. പക്ഷേ കുട്ടിയെ കഴിക്കുവാൻ വേണ്ടി നിർബന്ധിക്കരുത്. ♦ അവർക്ക് കൂടുതൽ പ്രിയങ്കരമായ ആഹാരപദാർത്ഥങ്ങൾ തന്നെയാകണം നൽകേണ്ടത്.	

♦ ബാത്ത്റൂമ്മുമായി ബന്ധുപ്പെട്ട ചര്യകൾ കുട്ടിയെ പരിശിലിപ്പിക്കണം. അതായത് ശരിയായി ബാത്ത്റൂമിൽ കയനാനും ഇറങ്ങാനും റ്റോയിലെറ്റി ൽ ഇരിക്കുന്നതിനും, വസ്ത്രം ധരിക്കുന്നതിനും , ശരിയായി കൈ കഴുകുന്നതിനും ഉള്ള പരിശീലനങ്ങൾ ഇതിൽ ഉൾപ്പെട്ടിരിക്കുന്നു.

♦ മറ്റും പ്രവർത്തികളായ റ്റോയിലെറ്റി ൽ വെള്ളം ഒഴിക്കാൻ , വ്യത്തിയാക്കൽ തുടങ്ങിയവയും പഠിപ്പിക്കണം

♦ കുട്ടി റ്റോയിലെറ്റി ൽ പോകുന്ന സമയം ഏകദേശം മനസിലാക്കി വേണം അതിനുവേണ്ട സമയക്രമം * ൽ ഉൾപ്പെടുത്താൻ

♦ റ്റോയിലെറ്റിൽ സൗകര്യങ്ങൾ കുട്ടിക്ക് എളുപ്പം പോകാൻ പറ്റുന്നതരത്തിൽ ക്രമീകരിക്കുക.

♦ മറ്റുകുട്ടികളും ഉപയോഗിക്കുന്ന വാഷ് ആണെങ്കിൽ , പങ്കാളി കുടിയുന്ന കൂടെ ഉണ്ടായിരിക്കണം

♦ റ്റോയിലെറ്റി റ്റോയിലെറ്റി ൽ ശരിയായി ഇരിക്കുന്നതിന് കുട്ടിയെ പ്രോൽസാപിക്കേണ്ട താണ് ആദ്യമൊക്കെ കുട്ടിയെ കൈ പിടിച്ചുകൊണ്ട് സഹായം നൽകാവുന്നതാണ്.

♦ റ്റോയിലെറ്റി ൽ കയറുന്നതിനും ഇറങ്ങുന്നതിനും സമയം അധികം ഉപയോഗിക്കരുത്. അത് കുട്ടിയുടെ അനാവശ്യമായ ആവർത്തിച്ചുള്ള ചില ശീലങ്ങൾക്ക് ആക്കം കൂട്ടാം.

വസ്ത്രധാരണം

♦ മിക്കവാറുള്ള വസ്ത്രങ്ങളെല്ലാം തന്നെ വീട്ടിൽ തന്നെയാണ് നടക്കുക. എങ്കിലും കോട്ട് ഷ്യൂ, സോക്സ്, ബൂട്ട് എന്നിവ ധരിക്കൽ സ്ക്കൂളി ലും പഠിപ്പിക്കാവുന്നതാണ്.

♦ കുട്ടിക്ക് സാധാരണഗതിയിൽ സിപ്പ്, ബടൺസ് കൊളുത്ത് എന്നിവ ഇടുന്നതിന് സഹായം വേണ്ടിവരാം ഓട്ടിസം കുട്ടികൾ ചിലപ്പോൾ കാലാവസ്ഥകൾക്ക് അനുയോജ്യമല്ലാ

ത്തതരത്തിലുള്ള വസ്ത്രധാരണത്തിന് നിർബന്ധം പിടിക്കാറുണ്ട്

- ലളിതമായ വസ്ത്രധാരണത്തിന് ഊന്നൽകൊടുക്കുക. വലിച്ചൂരൽ സാധിക്കുന്ന ഉടുപ്പുകളും കെട്ടുകൾ വേണ്ടത്ത ഷൂഉം ഉപയോഗിക്കാം.
- വസ്ത്രധാരണത്തിന് കുട്ടിയെ പരിശീലിപ്പിക്കുമ്പോൾ കുട്ടിക്ക് സ്വയം സാധിക്കുന്ന ഇനങ്ങൾ ലിസ്റ്റിൽ ഏതൊക്കെയെന്ന് നിരീക്ഷിച്ച് മനസിലാക്കുക.
- കുട്ടികൾക്ക് സ്വയം വസ്ത്രങ്ങൾഇടുന്നതിന് വേണ്ട പടിപടിയായ ഇനങ്ങൾ ലിസ്റ്റി ൽ ഉൾപ്പെടുത്തുക
- മിക്കവാറുമുള്ള കുട്ടികൾ വേഗത്തിൽ തന്നെ ഇതെല്ലാം സ്വന്തം അനുഭവത്തിൽ പഠിച്ചെടുക്കും.
- നേരിട്ടു പരിശീലനകൊടുക്കുമ്പോൾ തുടക്കത്തിൽ കുട്ടിയുടെ വിരലുകൾ തളർന്നതുപോലെ തോന്നു. കുട്ടി ഒട്ടും സജീവ മല്ലാതായി പെരുമാറാം.
- കുട്ടി സമ്മർദപ്പെടുന്നു എന്നു തോന്നുമ്പോൾ കുട്ടിയെ അമിതമായിനിർബന്ധിക്കാതിരിക്കുക
- വലിയ ബട്ടൺസ് സിപ്പ് കൊളുത്തുകൾ എന്നിവ ഉപയോഗിക്കുന്നത് കുഞ്ഞുകുട്ടിക്കൾക്ക് എളുപ്പത്തിൽ വസ്ത്രധാരണങ്ങൾ പഠിച്ചെടുക്കാൻ സഹായിക്കും
- താരതമേനകഴിവുകുറവുള്ള ഓട്ടിസം കുട്ടികൾക്ക് ഇലാസ്തികത ഉള്ള വസ്ത്രങ്ങൾ ഉപയോഗിക്കുന്നത് വളരെ നന്നായിരിക്കും

ഭംഗിയായി വസ്ത്രം ധരിക്കുകയും മുടി ചീകുകയും ചെയ്യുന്നതിന്.

മുഖം കഴുകൽ

- മുഖവും കൈയും കഴുകുന്നതിന് പഠിപ്പിക്കുന്നതിന് മുമ്പ് കുട്ടിക്ക് പൈപ്പ് തുറക്കുന്നതിനും കഴിക്കുന്നതിനും പഠിപ്പിക്കേണ്ടതായിട്ടുണ്ട്.
- ക്രമാനുസൃതമായി തുവാല
- എല്ലാം ചെയ്തനിനുശേഷം കണ്ണാടിയിൽ നോക്കി സ്വയം വൃത്തിയാക്കി എന്ന് മനസിലാക്കാൻ കുട്ടിയെ സഹായിക്കുക.
- ഒരു ചെറിയ മണിയുടെ സഹായത്താൽ കുടിയുടെ കൈ നോക്കിയുള്ള കഴുകലിൽ സഹായം ചെയ്യാവുന്നതാണ്.
- കുമിളകൾ ഉണ്ടാക്കാൻ പോലെയുള്ള വെള്ളം ഉപയോഗച്ചുള്ള കളികൾ കാരണവും പ്രഭാവവും തമ്മിലുള്ള ബന്ധം മന്സിലാക്കാൻ സഹായിക്കും.

മുടി ചീകൽ

- മുടിചീകൽ പരിശീലനപരിപാടിയുടെ തുടക്കത്തിൽ തന്നെ ചെയ്യാൻ സാധിക്കുന്ന ലളിതമായ മാർഗ്ഗമാണ്.
- പിടിയുള്ള വലിയ ചീപ്പുകൾ ഉപയോഗിക്കുന്നത് ഏതുഭാഗം ഉപയോഗിച്ചാണ് മുടി ചീകേണ്ടത് എന്ന് കുട്ടിക്ക് എളുപ്പത്തിൽ മനസിലാക്കാൻ സാഹായിക്കും
- സാധിക്കുമെങ്കിൽ കയ്യിലൊതുക്കുന്ന ചീപ്പുകൾ തിരഞ്ഞടുക്കുക
- കുട്ടി മുടി ചീകുമ്പോൾ അത് പാട്ടിന്റെ രൂപത്തിൽ അവതരിപ്പിക്കുന്നത് കുട്ടിക്ക് രസകരമായി ഇതിൽ ഉൾപ്പെടാം.

പല്ല് തേക്കൽ

- പല്ല്തേക്കുന്നതിനുള്ള സ്ഥലത്തുതന്നെ പ്രത്യേകം വാങ്ങിയ ചെറിയ ബർഷ് ടൂത്ത്പേസ്റ്റും കപ്പും സുരക്ഷിതമായി വെക്കേണ്ടതാണ്
- ബർഷ് പിടിക്കേണ്ടത് എങ്ങനെയെന്നും പേസ്റ്റ് തേക്കേണ്ടത് എങ്ങനെയെന്ന് പല്ലുതേക്കേണ്ട ക്രമവും കുടിയെ പഠിപ്പിക്കേണ്ടതാണ്.
- മിക്കവാറുള്ള എല്ലാ ഘട്ടങ്ങളിലും നേരിട്ടുള്ള പരിശീലനം വേണ്ടിവരും
- പല്ലു തേച്ചതിനുശേഷംവായ കഴുകാൻ പ്രോത്സാഹിപ്പിക്കേണ്ടതാണ്.
- റ്റൂത്ത് പേസ്റ്റ് അടയ്ക്കലും തുറക്കലും സൂഷ്മമായ ചലനക്ഷമത വേണ്ടതായതുകൊണ്ട് അത് പിന്നീടുള്ള വേളകളിൽ പരിശീലിപ്പിക്കാവുന്നതാണ്.

മൂക്കുവൃത്തിയാക്കൽ

- മൂക്കുവൃത്തിയാക്കാൻ കുട്ടിയെ പരിശീലിപ്പിക്കുന്നത് കുട്ടിക്ക് ജലദോഷമുള്ള സമയങ്ങളിൽ സ്വയം കുട്ടിക്ക് വൃത്തിയാക്കാനും ബുദ്ധിമുട്ട് ഒഴിവാക്കാനും സാധിക്കും.
- തുണിയോ ടിഷ്യൂപേപ്പറോ ഉപയോഗിച്ച് എങ്ങനെയാണ് മൂക്ക് വൃത്തിയാക്കേണ്ടത എന്ന് ക്രമമനുസരിച്ച് കുട്ടിക്ക് കാണിച്ചു കൊടുക്കേണ്ടതാണ്.

സാമൂഹിക ഇടപെടൽ അനുകൂല സാമൂഹിക പെരുമാറ്റം

- വ്യക്തിബന്ധങ്ങളെ നിലനിർത്തുന്ന പെരുമാങ്ങളെ പ്രൊ സോഷിയൽ എന്നു അനുയോജ്യമായതരം വ്യക്തി ബന്ധങ്ങളെ തകർക്കുന്നവയെ സാമൂഹിക വിരുദ്ധ പെരുമാറ്റം എന്ന് പറയാം.
- കുട്ടികളെ പെരുമാറ്റം രേഖപ്പെടുത്തുമ്പോൾ അതിന്റെ ആവൃത്തിയും തീവ്രതയും വിശദമായി തന്നെ രേഖപ്പെടുത്തേണ്ടതാണ്.

	♦ സഹകരണമുള്ള പങ്കുവെക്കലും ദയാശീലവും തുടങ്ങിയുള്ള സാമൂഹിക ക്ഷമതകളും വ്യക്തി ബന്ധം വളർത്തുന്നതിനും നിലനിർത്തുന്നതിനും അത്യാവശ്യമാണ്. ♦ മറ്റുള്ളവരുമായുള്ള സംമ്പർക്കം ആരംഭിക്കുന്നതും വ്യക്തിബന്ധങ്ങളെ നിലനിർത്തുന്നതിന് ആവശ്യം വേണ്ട സാമൂഹിക ക്ഷമതയാണ്. ♦ കിട്ടികൾ ഇത്തരം നയസാമൂഹിക പെരുമാറഅറങ്ങൾ കാണിക്കുന്നു വെങ്കിൽ ഉടൻ തന്നെ അത് സമ്മാനങ്ങളോ പാരിതോഷിക ങ്ങളോ പ്രോത്സാഹനങ്ങളോ നൽകേണ്ടതാണ്. ♦ കുട്ടിയുടെ പെരുമാറ്റങ്ങൾ നല്ലതാണെന്നും അർദ്ധമുള്ളതാണെന്നും കാണിക്കാൻ വേണ്ടി അവനെ നോക്കി ചിരിക്കുന്നതും അവനെ അഭിനന്ദിക്കുന്നതും നല്ലതായിരിക്കും. ♦ ശബ്ദത്തിൽ വരുത്തുന്ന അനുകൂല വ്യതിയാനങ്ങളും കുട്ടിക്ക് സഹായം ചെയ്യും. അനുകൂല പ്രബലനം നൽകുന്നത് വർദ്ധിപ്പിച്ചാൽ കുട്ടിയുടെ നല്ല പെരുമാറ്റങ്ങൾ വളർത്തിയോടുക്കും. ♦ കുട്ടികളെ അവരുടെ തെറ്റായ പെരുമാറഅറങ്ങൾക്ക് ശരി പ്രബല മാർഗ്ഗങ്ങൾ ഉപയോഗിച്ച് പരിശീലനം നൽകാവുന്നതാണ്. സാമൂഹിക പ്രബലനങ്ങൾ : ആലിംഗനം ചയ്യൽ, തോളിൽ തട്ടി പ്രാത്സാഹിപ്പിക്കൽ പുകഴ്ത്തൽ, പുഞ്ചിരിക്കൽ, കൈയടിക്കൽ തുടങ്ങിയവ പ്രത്യക്ഷമായ പ്രബലനങ്ങൾ ♦ കുട്ടിയ്ക്ക് ഇഷ്ടപ്പെട്ട കളിപ്പാട്ടങ്ങൾ, ആഹാരപദാർത്ഥങ്ങൾ, പാനീയങ്ങൾ തുടങ്ങിയവ **സാമൂഹിക വിരുദ്ധ പെരുമാറ്റങ്ങൾ പരിഷ്കരിക്കൽ** ■ ഓട്ടിസം കുട്ടികളിൽ സാധാരണയായി മറ്റുള്ളവർക്ക് തൃപ്തി കരമല്ലാത്ത ദൃഷ്യസ്വഭാവങ്ങൾ ഉണ്ടാകം.	

- ഇത്തരം സ്വഭാവങ്ങൾ ഉണ്ടാകുന്നത് മിക്കപ്പോഴും മറ്റുള്ള വരോട് പെരുമാറേണ്ടകാര്യങ്ങളിൽ എങ്ങിനെ സ്വയം നിയന്ത്രിക്കണമെന്ന് പഠിക്കാത്തതുകൊണ്ടാകാം.
- സ്വയം നിയന്ത്രിക്കാനുള്ള കഴിവ് കുട്ടികൾക്കില്ലെങ്കിൽ സമ്മർദ്ദത്തിലകപ്പെട്ട് സ്വയം പ്രഷോഭകരമായ പെരുമാറ്റങ്ങൾ ഇവർ കാണിയ്ക്കും.
- ഇത് മറ്റുള്ളവർക്ക് അസ്വസ്ഥതകൾ സൃഷ്ടിക്കുകയും സ്കൂൾ setting ൽ കൈകാര്യം ചെയ്യാൻ പറ്റാതാവുകയും ചെയ്യാം. ഇത്തരം വിഷയങ്ങളിൽ ഇടപെടുന്നതിന് നല്ല തോതിൽ ക്ഷമയും പൊരുത്തവും ഉണ്ടായിരിക്കണം.
- കുട്ടിയെ സശ്രദ്ധം നിരീക്ഷിക്കുന്നതുവഴി കുട്ടി എപ്പോഴാണ് സമ്മർദ്ധത്തിലകപ്പെടുന്നതെന്നും അതിന്റെ സൂചനകളെന്തൊക്കെയെന്നും മനസ്സിലാക്കുവാൻ സാധിക്കുന്നതാണ്. അതിനനുസരിച്ച് കുട്ടിക്ക് ശാരീമായ രീതയിലുള്ള സഹായം കൊടുക്കാവുന്നതാണ്.
- കുട്ടിയുടെ ശ്രദ്ധതിരിച്ചുവിടുന്നതിനുള്ളപണി നടക്കുന്നതോ, പാട്ടുകേൾപ്പിക്കുന്നതോ നല്ലതായിരിക്കും.
- ചില കുട്ടികളിൽ അനുചിതമല്ലാത്ത ശരീര സ്പർശനങ്ങൾ ഒഴിവാക്കുന്നതിനായി ചില മൃദുവായ കളിപ്പാട്ടങ്ങൾ കൊടുക്കുന്നതിന് നല്ലതായികാണാറുണ്ട്.
- മറ്റുള്ളവർക്ക് ഉപദ്രവം ഇല്ലാത്ത സാമൂഹിക വിരുദ്ധ പെരുമാറ്റങ്ങളെ ശ്രദ്ധിക്കേണ്ടതില്ല. അവ അവഗണിക്കുക.
- ഇത്തരം ചില പെരുമാറഅറങ്ങളും ശരിയായ രീതിയിലേയ്ക്ക് തുടർച്ചയായ തെറാപ്പിംഗ് രീതിയിലൂടെ മാറ്റി യെടുക്കാം

കുട്ടിയെ കളികളിൽ ഏർപ്പെടുത്തുന്നതിന്

- ബുദ്ധിപരമായും, സാമൂഹികമായും, വൈകാരികവും, ശാരീരികവും, ക്രിയാത്മവുമായ വളർച്ചയ്ക്ക് വിനോദങ്ങൾ കുട്ടിയെ സഹായിക്കാറുണ്ട്.
- കളികളിലേർപ്പെടുമ്പോൾ കുട്ടികൾക്ക് നല്ലതോതിൽ ആനന്ദം അനുഭവിക്കാൻ സാധിക്കുന്നു.
- കുട്ടികൾ വളരുന്നതിനനുസരിച്ച് കളിക്കുന്നതിനുള്ള സാധനങ്ങളുടെ തലം മാറുന്നു. അതോടൊപ്പം അവരുടെ വിനോദത്തിന്റെ തലങ്ങളും മാറുന്നു. ഒടുവിൽ നയമങ്ങളുള്ള കളികളിൽ അവർ ആസ്വാദനം കണ്ടെത്തും.
- തുടക്കത്തിലുള്ള കളികൾ വളരെ ലളിതവും ആവർത്തനങ്ങളുള്ളവയുമായിരിക്കും.
- പിന്നീട് അവർ നിർമ്മാണത്തിലധിഷ്ഠിതമായ വിനോദങ്ങളിൽ ഏർപ്പെടും അതിനുശേഷമുള്ള കാലഘട്ടങ്ങളിൽ ഭാവനകളിൽ അധിഷ്ഠിതമായിരിക്കും അവരുടെ കളികൾ.
- വിവിധതരം വിനോദങ്ങളിലേർപ്പെടുമ്പോൾ അവ കുട്ടികളുടെ സാമൂഹിക പെരുമാറ്റങ്ങളെ വളരാൻ സഹായിക്കുന്നു.
- ചെറിയകുട്ടികൾ ഒരുമിച്ചുള്ള കളികളിൽ കൂടുതൽ ഏർപ്പെടുമ്പോൾ, മുതർന്നകുട്ടികൾ സ്വന്തം ചിന്തകളും ആശയങ്ങളും വളർത്തുന്നതിനുവേണ്ടി ഒറ്റക്കുള്ള കളികളിൽ ഏർപ്പെടും.
- ചിലകളികൾ ഒരുമിച്ചുള്ളവയാകില്ല. പകരം കുട്ടികൾ സമാനന്തരമായി ചെയ്യുന്നവയായിരിക്കും.
- മറ്റുചില കളികളിൽ സാധനങ്ങൾ പരസ്പരം പങ്കുവെച്ചുള്ള കളികളാകം.

- കുട്ടികൾ ആസൂത്രണംചെയ്ത് സ്വന്തം കർത്തവ്യം നിർണ്ണയിച്ച് കളിക്കുന്നതനെ co-operative play എന്നു പറയുന്നു.
- കുട്ടിയുടെ ഇപ്പോഴത്തെ വളർച്ചയുടെഘട്ടവും ആവശ്യങ്ങളും നിരീഷിച്ച് മനസിലാക്കുന്നതാണ്. പ്രാഥമിക പരിഗണന.
- കുട്ടിയുടെ പ്രവർത്തനക്ഷമതയുടെ തലം മനസിലാക്കുന്നത് കുട്ടുക്കുവേണ്ട ലക്ഷ്യങ്ങൾ നിർണ്ണയിക്കുന്നതിന് സഹായകമാകും.
- ആവശ്യം വേണ്ട സാധങ്ങൾ, ഉപകരണങ്ങൾ, സമയം, സ്ഥലം എന്നിവ നൽകുകയും നിയമങ്ങൾ നിലനിർത്തുകയും വേണം.
- ശ്രദ്ധ പിടിച്ചു നിർത്താൻ സഹായിക്കുന്നതരത്തിലുള്ള ചലിയ്ക്കുന്ന, തിളക്കമുള്ള നല്ല വർണ്ണങ്ങളുള്ള കളികോപ്പുകൾ തിരഞ്ഞെടുക്കുക.

ആശയവിനിമയം മെച്ചപ്പടുത്തുന്നതിന്

♦ ഓട്ടിസം കുട്ടികളെ പ്രധാന പരിമിതിതന്നെ അവരുടെ ആശയവിനിമയത്തിലെ ബുദ്ധിമുട്ടാണ്.

→ അവരുടെ ആശയവിനിമയക്ഷമത വർദ്ധിപ്പിക്കുന്നതിന്.

→ നിങ്ങൾ വ്യക്തമായി സംസാരിക്കണം

→ ചെറിയ വാചകങ്ങൾ ഉപയോഗിക്കുക

→ കഴിയുന്നതും വ്യകതവും സരളവുമാക്കുക.

→ ചോദ്യങ്ങൾ ചോദിക്കുമ്പോൾ ശ്രദ്ധിക്കുക.

ഉദാ: വയറുവേദനിക്കുന്നുണ്ടോ എന്നു ചോദിക്കുക. പകരം "എന്താണ് വേദനിക്കുന്നത്"? എന്നു ചോദിക്കുക.

→ ആവർത്തിക്കേണ്ടിടത്ത് അതാവാം.

→ ശബ്ദം മൃദുവായും പ്രസന്നതയോടും കൂടി ഉപയോഗിക്കുക.

→ ശബ്ദങ്ങൾ ഗുണം ചെയ്യുന്നില്ലെങ്കിൽ. ദൃശ്യമാദ്യമങ്ങൾ ഉപയോഗിക്കാം.

മരുന്നുകൊടുക്കാൻ

കുട്ടിക്ക് മരുന്നു കഴിക്കേണ്ടതായുണ്ടെങ്കിൽ, അത് കൃത്യമായി ക്രമത്തിൽ തന്നെ പരിശീലിപ്പിക്കണം.

♦ **മരുന്നു/ഗുളിക വിഴുങ്ങാൻ താഴെകാണുന്ന രീതികൾ അവലംബിക്കുക.**

✓ ശരിയായ രീതിയിൽ ഇരിക്കുക.
✓ വായ് നല്ലതുപോലെ തുറക്കുക.
✓ ഗുളിക വായിലിട്ടശേഷം വെള്ളംകുടിക്കാൻ അനുവദിക്കുകയും തുടർന്ന് ഗുളിക വിഴുങ്ങആൻ പ്രോത്സാഹിപ്പിക്കുകയും ചെയ്യുക.
✓ ഓരോതവണയും കുട്ടിക്ക് പ്രോത്സാഹനം നൽകാൻ അവന്/അവൾക്ക് വ്യക്തിപരമായി അടുപ്പം ഉള്ള ഒരാളെ തെരഞ്ഞെടുക്കു.

ദിനചരികളിലെ മാറ്റം കൈകാര്യം ചെയ്യാൻ

♦ ഓട്ടിസം കുട്ടികൾക്ക് പ്രത്യേകിച്ച് ഒരു പതിവുകളുമില്ല.
♦ സ്കൂൾ സാഹചര്യത്തിൽ പുതിയ പുതിയ മാറ്റങ്ങൾ ഉണ്ടാകുന്നത് സ്വഭാവികമാണ്. അത് കുട്ടിക്ക് അസ്വസ്ഥതയുണ്ടാകാം.
♦ സ്പർശനത്തോട് അമിത സംവേദനമുള്ള കുട്ടിക്ക് ഒരു പക്ഷെ സ്വയം പരിപാലന പ്രവർത്തനങ്ങൾ പഠിച്ചെടുക്കാൻ പ്രയാസം ഉണ്ടാകും.
♦ പുതിയ മാർഗ്ഗങ്ങൾ അവലംബിക്കുമ്പോൾ, കണ്ണിൽ നോക്കി കുട്ടിയെ ശാന്തനാക്കിയിട്ടുവേണം ആരംഭിക്കാൻ.
♦ പേരുവിളിച്ചാലും കുട്ടി പ്രതികരിക്കുന്നില്ലാ എങ്കിൽ, അവനെ മൃദുവായി തൊട്ട് നമ്മുടെ നേർക്ക് തിരിച്ചു നിർത്തേണ്ടതാണ്.

സ്വയം മുറിപ്പെടുത്തുന്ന സ്വഭാവം കൈകാര്യം ചെയ്യൽ

- ചിലകുട്ടികൾ അമിതമായ സംവേദന ബുദ്ധിമുട്ടുകൾ കാണിക്കാറുണ്ട്. ചില മാറ്റങ്ങൾ, ശബ്ധങ്ങൾ, സ്പർശനങ്ങൾ അവരെ വല്ലാതെ ബുദ്ധിമുട്ടിക്കാം. മറ്റു ചിലർക്ക് തീരെ സംവേദന മില്ലാതെയും പെരുമാറാം.
  ഉദാ. വേദന അറിയാതിരിക്കൽ
- കുട്ടിയുടെ മുറിവ് മറയുന്നതിന് ബാന്റേജോ, മറ്റുമരുന്നുകളോ ഉപയോഗിച്ചാൽ ചിലപ്പോൾ അവർ വലിയരീതിയിൽ അസ്വസ്തത കാണിക്കുകയും ദേഷ്യപ്പെടുകയും ചെയ്യാം.
- എല്ലായ്പ്പോഴും ഇത്തരം സാഹചര്യങ്ങളിൽ ജാഗ്രതയുണ്ടാ യിരിക്കുകയും അധ്യാപകരോടും ഡോക്ടറോടും ഇത് ചർച്ചചെയ്യുകയും വേണം.

ഓട്ടിസം കുട്ടികളുടെ വീട്ടിലെ പരിചരണം.

- ഓട്ടിസം ബാധിച്ച കുട്ടികളുടെ പരിചരണം ഒരുപാട് പ്രതിബ ന്ധങ്ങളാണ് നൽകുന്നത്.
- വ്യക്തമായ കാരണങ്ങളില്ലാത്ത ഈ മസ്തിഷ്ക സംബന്ധമായ രോഗം വിശദമായ ഗവേഷണങ്ങൾക്ക് ഇന്നും വിധേയമാണ്.
- ഓട്ടിസം ബാധിച്ചവ്യക്തികള് വിവിധ തരത്തിലുള്ള ലക്ഷണങ്ങൾ കാണിക്കാറുണ്ട്.

ചില പ്രധാനപ്പെട്ട സവിശേഷതകളാണ്

* സമഷ്ടിസ്നേഹത്തിന്റെ അഭാവം, ആശയവിനിമയത്തിനുള്ള പ്രശ്നം, സംസാരഷേയുടെ താമസം, സംസാരത്തിലെ ശരിയല്ലാത്ത അനുകരണ പ്രവണത, പ്രത്യേക വസ്തുക്കളോടുള്ള അമിത താൽപര്യം.

	* ഓട്ടിസം ബാധിതരിലെ സ്വയം പ്രേരിതമായ, ആവർത്തിച്ചുള്ള ചില സ്വഭാവങ്ങൾ * ഓട്ടിസം ബാധിതരെ ദിനചര്യകളിൽ സഹായിക്കൽ. * വയ്ക്തി സുരക്ഷിതനാണെന്ന് ഉറപ്പിക്കലും മരുന്നുകൊടുക്കുന്നതിലെ സഹായവും. * പുതിയ ക്ഷമതകൾ പഠിക്കുന്നതിനുവേണ്ട സഹായം പ്രദാനം ചെയ്യൽ. ചില കുടുംബങ്ങൾ ഭവനസേവന സഹായങ്ങൾ നേടാറുണ്ട്. അതിൽ പരിപാടികളിൽ അംഗമാക്കാനും ഉള്ള പദ്ധതികൾ ഉൾപ്പെടുത്തിയിട്ടുണ്ട്. ഭവനപരിചരണത്തിൽ ഓട്ടിസംബാധിതരുടെ കുടുംബാഗങ്ങൾക്ക് പിരിമുറുക്കം കുറക്കുന്നതിനുള്ള പിന്താങ്ങളും സഹായവും പ്രദാനം ചെയ്യേണ്ടതാണ്. ഇത്തരം ഭവനപരിചരണ സേവനങ്ങൾ തിരഞ്ഞെടുക്കുന്നത് ഓട്ടിസം ബാധിതരുടെ കുടുംബങ്ങൾക്ക് ഇത്തരം വ്യക്തികളുടെ കൈകാര്യം ചെയ്യലിൽ ഗുണംചെയ്യാറുണ്ട്. **ആശയവിനിമയം ഭാഷയുടെ രൂപത്തിൽ തന്നെയാകണമെന്നില്ല** ആശയവിനിമയത്തിൽ ഉൾപ്പെട്ടിരുന്നത് പൊതുവെ.. ✓ ആംഗ്യങ്ങൾ ✓ ശരീരഭാഷ ✓ അടയാങ്ങളും ചിഹ്നങ്ങളും ചിത്രങ്ങളും ✓ എഴുതുന്നതും ഗതാകതവിളക്കുകൾ പോലെയുള്ള ഭാഷേതര ആശയ വിനിമയങ്ങളും.	

ഉപയോഗങ്ങൾ

- ഓട്ടിസം കുട്ടികൾക്ക് ഭാഷയുടെ ഉപയോഗം മനസിലാക്കാൻ ബുദ്ധിമുട്ടാകാം
- മറ്റുള്ളവരുമായി സംസാരിക്കാൻ അവർ പഠിക്കേണ്ടതുണ്ട്. അതുവഴി മറ്റുള്ളവരുടെ സഹായവും ഇവർക്ക് ആവശ്യപ്പെടാം
- സമൂഹികമായി യോജിച്ചതരത്തിലുള്ള പെരുമാറ്റം തുടക്കത്തിൽ തന്നെ ഇവരെ പഠിപ്പിക്കണം.
- സംഗീതം പോലെയുള്ള മാർഗ്ഗങ്ങൾ കുട്ടിക്ക് സഹായം ചെയ്യും.
- പിരികൊടുത്ത് പ്രവർത്തിക്കുന്ന കളികോപ്പുകൾ കുട്ടിയുടെ ആശയ വിനിമയം സഹായിക്കുന്നതായി കാണപ്പെടാറുണ്ട്.

ശ്രദ്ധനിലനിർത്തുന്നതിന്

- ആശയവിനിമയം നടത്തുന്നതിന് മറ്റുള്ളവരുടെകൂടി ശ്രദ്ധവേണ്ടതാണെന്ന് കുട്ടിയെ ബോധ്യപ്പെടുത്തേണ്ടതാണ്.
- PECS ഉപയോഗിക്കുന്നതും മൃദുവായിതുടരുന്നതും കുട്ടിയുടെ ശ്രദ്ധലഭിക്കുന്നതിന് സഹായകരമാണ്.
- ഇത്തരത്തിലുള്ള തന്ത്രങ്ങൾ നിരന്തരം ഉപയോഗിക്കുന്നത് മറ്റുള്ളവരുടെ ശ്രദ്ധ ലഭിക്കേണ്ടതിന്റെ പ്രാധാന്യം കുട്ടിക്ക് ബോധ്യപ്പെടുത്താൻ സഹായിക്കുന്നതാണ്.

ചൂണ്ടിക്കാണിക്കുന്നതിന്

- പുസ്തകങ്ങൾ കുട്ടിയെ ചൂണ്ടിക്കാണിക്കൽ കഴിവ് വർദ്ധിപ്പിക്കും.
- സാധനങ്ങളുടെ പേരുപറഞ്ഞ് കൊടുക്കുക.
- വിരലുപയോഗിച്ച് സാധനങ്ങൾ കാട്ടിത്തരാൻ ആവശ്യപ്പെടുക
- സാദൃശ്യമുള്ള സമാനമായവ ചൂണ്ടികാട്ടിയാൽ വീണ്ടും ശരിയായി ചൂണ്ടികാട്ടാൻ കുട്ടിയെ പ്രോത്സാഹിപ്പിക്കുക.

അനുകരണക്ഷമത വർദ്ധിപ്പിക്കാൻ

- ഓട്ടിസത്തിൽ അനുകരണക്ഷമത ഉണ്ടാകില്ല
- ഇതിനുവേണ്ടി മുതിർന്നവർകുട്ടിയോടൊപ്പം പ്രവർത്തനങ്ങളിൽ ഏർപ്പെടുകയും കുട്ടിയുടെ ചലനങ്ങൾ അനുകരിച്ചുകാട്ടുകയും വേണം.
- മുതിർന്നവരുടെ ഇത്തരം പ്രവർത്തനങ്ങൾ എളുപ്പത്തിൽ കുട്ടിയുടെ ശ്രദ്ധയാകർഷിക്കുകയും തുടർന്ന് കുട്ടിയിൽ അനുകരണശീലം വളരുകയും ചെയ്യാം.

അവസരം എടുക്കൽ

→ മറ്റൊരാളോടൊപ്പം കാറുരുട്ടിയോ പന്തുരുട്ടിയോ ഓട്ടിസം കുട്ടികളുടെ അവസരത്തിനുവേണ്ടി കാത്തിരിക്കാനുള്ള ക്ഷമത ഉണ്ടാക്കാവുന്നതാണ്.

→ ഒട്ടും താൽപര്യമില്ലാത്ത് കളിപ്പാട്ടം തിരിഞ്ഞെടുക്കുകയം അവസരത്തിനായി കാത്തിരിക്കാൻ പ്രേരിപ്പിക്കുകയും ചെയ്യാം.

→ കുട്ടിക്ക് താല്പര്യമുള്ള കളിക്കോപ്പുകളിലേക്ക് സാവധാനം അടുക്കുന്നത് കുട്ടിയിൽ കൂടുതൽ വിശ്വാസം വർദ്ധിപ്പിക്കും.

→ പിന്നീട് കൂടുതൽ കുട്ടികളുടെ സംഘത്തിലേക്ക് കുട്ടിയെ ഉൾപ്പെടുത്തുകയും കൂടുതൽ ക്ഷമപഠിപ്പിക്കാൻ സഹായിക്കാവുന്നതുമാണ്.

മാതാപിതാക്കൾക്കുള്ള മനോഭാവം നന്നാക്കുന്നതിനുള്ള സ്വയംപരിപാലനമാർഗ്ഗങ്ങൾ

ഓട്ടിസവും ആസ്പർഗേർസ് രോഗവും മാതാപിതാക്കൾക്ക് സങ്കീർണതകൾ നൽകുന്ന രോഗങ്ങളാണ്. ഈ സ്വയം പരിപാലന ഉപായങ്ങൾ മാതാപിതാക്കൾക്ക് സ്വയം മനോവികാരങ്ങളെ കൈകാര്യം ചെയ്യുന്നതിനും അതോടൊപ്പം കുടിടിയെ നന്നായി പരിചരിക്കുന്നതിനും മാർഗനിർദ്ദേശങ്ങൾ നൽകുന്നതിനാണ്.

പിരിമുറുക്കം കൈകാര്യം ചെയ്യുന്നതിന്

ഓട്ടിസംപോലെയുള്ള രോഗമുള്ള കുട്ടികളുടെ മാതാപിതാക്കളുടെ സമ്മർദ്ദം മറ്റു വൈകല്യങ്ങളുള്ള കുട്ടികളുടെ മാതാപിതാക്കളേക്കാൽ കൂടുതലാണ്. പലതരത്തിലുള്ള മാനസികരോഗങ്ങളും ആരോഗ്യപ്രശ്നങ്ങളും ബന്ധങ്ങളിലെ തകർച്ചയും അവരിൽ കൂടുതലാണ്. പിരിമുറുക്കം കുറയ്ക്കുന്നതിന് അവർ പരിശീലിക്കേണ്ടത് അനിവാര്യമാണ്. വ്യായാമങ്ങളും ഡയറ്റ് നിയന്ത്രണവും, നല്ല ഉറക്കവും, വിശ്രമവും അവർക്ക് വേണ്ടതാണ്. മറ്റുമാർഗ്ഗങ്ങളായ പ്രശ്നപരിഹാരതന്ത്രങ്ങളും, തെറ്റായ ചിന്തകൾ തിരുത്തുന്നതിനും ധ്യാനമാർങ്ങൾ പിന്തുടരുന്നതിനും അവരെ സഹായിക്കേണ്ടതാണ്.

സന്തുലിതമായ ഒരു ജീവിതം പിരിമുറുക്കം കുറയ്ക്കാൻ സഹായിക്കും. രക്ഷിതാക്കൾക്ക് സ്വന്തം കുഞ്ഞിനോടുള്ളതു പോലെ സ്വന്തം ആവശ്യങ്ങളെക്കൂടി സംതൃപ്തമാക്കേണ്ടത് അനിവാര്യമാണ്. വിവിധ വിനോദങ്ങൾ, ജോലി, സാമൂഹികമായ വിനോദങ്ങൾ, സമയക്രമീകരണം, ലക്ഷ്യങ്ങൾ കണ്ടെത്തൽ തുടങ്ങിയവ സംഘർഷങ്ങളെ നേരിടുന്നതിനും ഫലപ്രദമായി ഇടപെടുന്നതിനും മാതാപിതാക്കളെ സഹായിക്കുന്നതാണ്.

താൽക്കാലിക വിശ്രമപരിചരണം

ഓട്ടിസംകുട്ടികളുടെ മാതാപിതാക്കൾക്ക് അല്ലെങ്കിൽ അവരുടെ പരിചരണം തുടങ്ങുന്നവർക്ക് സമ്മർദ്ദങ്ങളിൽ നിന്നും ശമനം ലഭിക്കുന്നതിനും സ്വയം ഉന്മേഷം വീണ്ടെടുക്കുന്നതിനും തൽക്കാലികമായി ഹ്രസ്വകാലത്തേക്ക് മറ്റു സ്ഥാപനങ്ങളിലേക്കോ, വീട്ടിനു പുറത്തുള്ള വിനോദപ്രധാനമുള്ള സംഘങ്ങളിലേക്ക് മാറിതാമസിക്കുന്നത് നല്ലതായിരിക്കും. ദീർഘകാലജീവിത സമ്മർദ്ദങ്ങളിലും സംഘർഷങ്ങളിലും ഇത്തരം ചില വിശ്രമവേളകൾ ഉണ്ടായിരിക്കുന്നത് നല്ലതാണ്.

വികാരങ്ങളെ കൈകാര്യം ചെയ്യൽ

ഓട്ടിസംകുട്ടികളുടെ രക്ഷിതാക്കളിൽ കുറ്റബോധം, ദേഷ്യം, ഭയം, ടെൻഷൻ, വിഷാദം തുടങ്ങി വിവിധ തരത്തിലുള്ള വൈകാരിക പ്രശ്നങ്ങൾ കാണാറുണ്ട്. ഇത് തികച്ചും സ്വാഭാവികമാണ്. കാലത്തിനനുസരിച്ച് ഒട്ടേറെ ഇത്തരം വികാരങ്ങൾ സ്വയം കുറയുന്നതായി കാണാറുണ്ട്. ഇത്തരം വികാര പ്രശ്നങ്ങൾക്ക് വ്യക്തമായ ചിലകാരണങ്ങളുമുണ്ട്.

സാധാരണ കാണുന്ന ഒരു വൈകാരിക പ്രശ്നമാണ് നിഷേധം. പ്രശ്നങ്ങളും കാര്യഗൗരവം മിക്കപ്പോഴും അവർ നിഷേധിക്കാറുണ്ട്. പ്രശ്നങ്ങൾ വളരെപ്പെട്ടെന്ന് തന്നെ പരിഹരിക്കപ്പെടുമെന്നും എല്ലാം സാധാരണ ഗതിയിലേക്ക് തിരിച്ചെത്തുമെന്നും അവർ അനാവശ്യമായി പ്രതീക്ഷിക്കാറുണ്ട്. ഇത് യാഥാർത്ഥ്യമല്ലെങ്കിൽ പോലും താൽക്കാലത്തേക്ക് ഇത്തരം മനോഭാവം രക്ഷിതാക്കൾക്ക് ആശ്വാസം നൽകാറുണ്ട്.

രോഗശമനത്തെപറ്റി അയഥാർത്ഥമല്ലാത്ത പ്രതീക്ഷകൾ വരുമ്പോൾ നിഷേധഭാവം എന്ന വികാരം ഒരു പ്രശ്നം തന്നെയാണ്. പ്രശ്നങ്ങളെ അംഗീകരിക്കുക എന്നതുതന്നെയാണ് വൈഗാരികപ്രശ്നങ്ങളെ നേരിടുന്നതിനുള്ള ശരിയാ മാർഗ്ഗം. പ്രശ്നങ്ങൾ ഗുരുതരമാണെന്ന് തിരിച്ചറിയുകയും ഉൾക്കൊള്ളുകയും അവ ശരിയായ

ആൾക്കാരോട് തുറന്ന് സംസാഹിക്കാനും വിഷമങ്ങൾ പങ്കിടാനുള്ള അവസരങ്ങളും ഉപയോഗിക്കണം.

ഓട്ടിസം കുട്ടികളുടെ രക്ഷിതാക്കളുടെ (ശുപാർശ?/ വക്കാലത്ത്?)

ചില അവസരങ്ങളിൽ ഓട്ടിസം കുട്ടികൾക്കുള്ള സേവനങ്ങളിൽ രക്ഷിതാക്കൾ അസന്തുഷ്ടരാകാറുണ്ട്. ശരിയായ രീതിയിലുള്ള പരിചരണവും ചികിത്സയും നിങ്ങളുടെ അവകാശമാണ്. നിങ്ങളുടെ അവകാശങ്ങൾ നിലനിർത്തുന്നതിനും നിയമപരമായ സാഹചര്യങ്ങൾ പ്രദാനം ചെയ്യുന്നതിനും സംഘടനകളുടെ സേവനം നേരിടേണ്ടതാണ്.

സരളമായി പ്രർത്തിക്കുക.

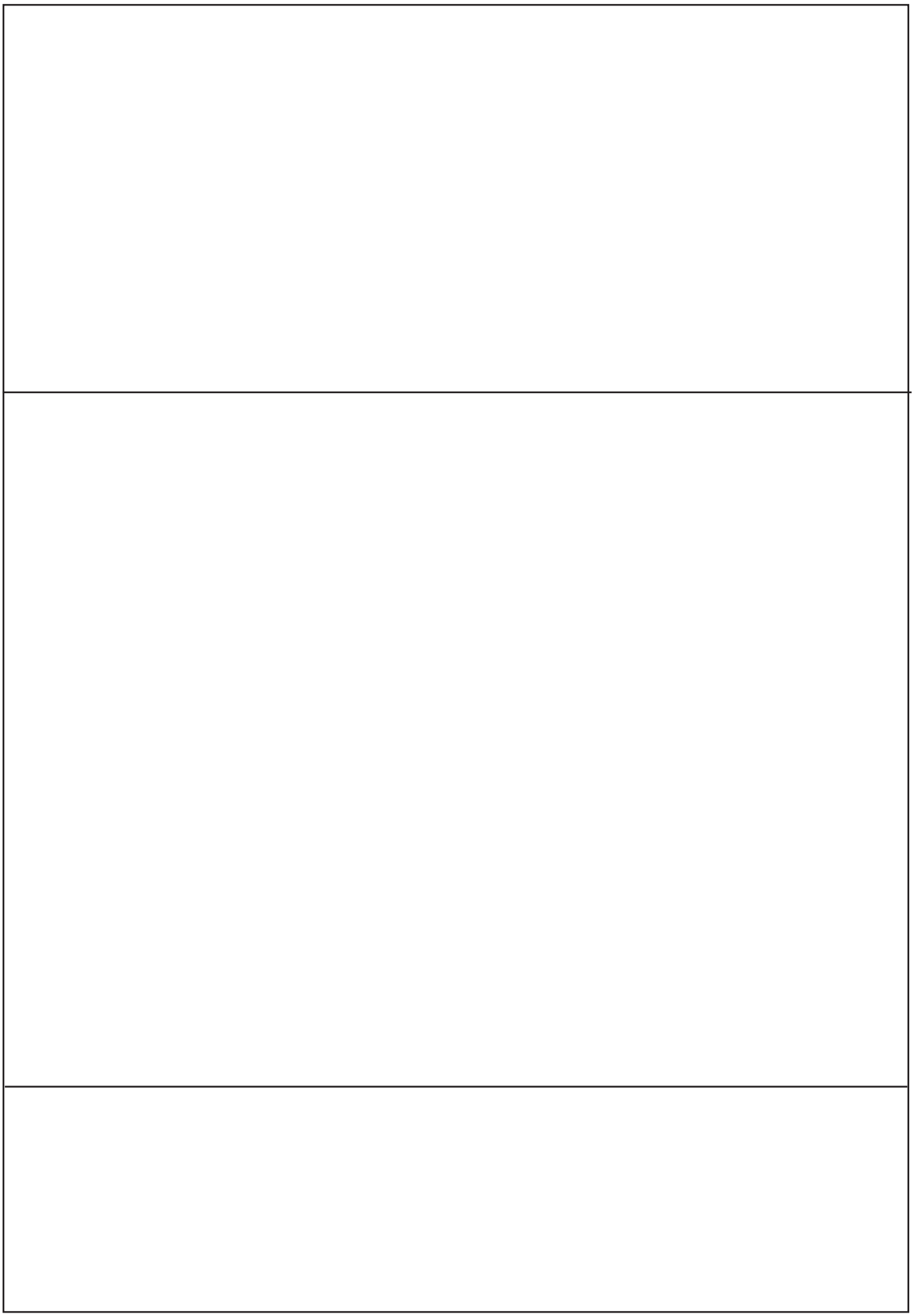
സമ്പൂർണ്ണ ശാന്തതയും, ക്ഷമയും, ധൈര്യവും മനസിലാക്കുകയും പിന്താങ്ങലും ത്യാഗമനോഭാവും കാട്ടി മാതാപിതാക്കൾക്ക് ഒരു മാതൃകയാക്കാൻ നിങ്ങൾ ശ്രമിക്കണം. ക്ഷീണത്തിന്റെയും തകർച്ചയുടെയും പിരിമുറുക്കങ്ങൾ പരിഹരിക്കുന്നതിന് സ്വയം സജ്ജമായിരിക്കേണ്ടതാണ്. തുടക്കത്തിൽ ആവേശം കാട്ടി സ്വയം സമർദ്ദപെടാതെ ഊർജ്ജം പാഴാക്കാതെ ക്ഷമയോടുകൂടി പ്രവർത്തിച്ചാൽ സജീവമായി ദീർഘകാലത്തേക്ക് കുട്ടിയുടെ പരിശീലനവും പരിപാലനവും നല്ല രീതിയിൽ നിങ്ങൾക്ക് നടപ്പിലാക്കാം.

രക്ഷിതാക്കൾക്കുള്ള ഓട്ടിസം സംരക്ഷണ സംഘങ്ങൾ

രക്ഷകർത്താക്കൾക്ക് ഇത്തരം സംഘങ്ങളിൽ നിന്നും വേണ്ടത്ര വൈകാരിക പിന്തുണ ലഭിക്കുന്നതാണ്. ഇതേ അവസ്ഥയിലുള്ള മറ്റുള്ളവരെ കാണുന്നതും, വിവരങ്ങൾ അറിയുന്നതിനും സ്വന്തം വിഷമങ്ങളും വിഷയങ്ങളും പങ്കിടുന്നതിനും ഇത്തരംസംഘങ്ങളിൽ സാധിക്കുന്നതാണ്. മറ്റാരെക്കാലും മാതാപിതാക്കളും ബുദ്ധിമുട്ടുകൾ ഇത്തരം സംഘങ്ങളിലുള്ളവർക്ക് മനസിലാക്കാൻ സാധിക്കും. ഇത്തരം സംഘങ്ങൾ മിക്കപ്പോഴും ഒരു സഹായിയുടെ നേതൃത്വത്തിലാകും നടത്തപ്പെടുക. മറ്റു രക്ഷിതാക്കൾ ഇത്തരം

	സംഘങ്ങളിലുള്ളവർക്ക് പരിശീലനവും ക്ലാസും നൽകുന്നതാണ്. ഇത്തരത്തിലുള്ള സംഘങ്ങൾ നിങ്ങളുടെ നാട്ടിലില്ലെങ്കിൽ അങ്ങിനെ ഒരണ്ണം തുടങ്ങുക. **പ്രബോധനം** കൗൺസിലിംഗിൽ നിങ്ങൾക്ക് നിങ്ങളെ മാനസിലാക്കാൻ സാധിക്കുന്ന വ്യക്തിയുമായിട്ട് തുറന്ന് സംസാരിക്കുന്നതിനും വിഷമങ്ങളെ പങ്കുവയ്ക്കുന്നതിനും നിങ്ങളെ പ്രോത്സാഹിപ്പിക്കുന്നതിനും സമ്മർദ്ദങ്ങളുമായി നേരിട്ട് അനുയോജ്യമായ തരത്തിൽ ഇടപെടുന്നതിനും വേണ്ട മാർഗ്ഗ നിർദ്ദേശങ്ങൾ ലഭിക്കുന്നതിനും സഹായം ചെയ്യുന്നതാണ്. **ആരോഗ്യത്തിനുള്ള വേണ്ട ആസൂത്രണം.** തുടരെയുള്ള വ്യായാമം, വിശ്രമം, പോഷണഗുണമുള്ള ആഹാരം എന്നിവ ശരിയായ അളവിൽ ദിനവും ലഭിക്കത്തക്ക വിധത്തിൽ ആസൂത്രണം ചെയ്യേണ്ടതാണ്. നടക്കുന്നതും, നീന്തുന്നതും, യോഗ ചെയ്യുന്നതും, പൂന്തോട്ടം നോക്കുന്നതും, നൃത്തം ചെയ്യുന്നതും ഒക്കെ പിരിമുറുക്കത്തെ ലഘൂകരിക്കാൻ സഹായിക്കുന്നതാണ്. മനസ് സ്വതന്ത്രമാക്കി വെക്കാനും വിവിധ വിനോദങ്ങളിലും മാറ്റവും ആസ്വദിക്കുന്നതിനും മനസുതുറന്ന് ചിരിക്കുന്നതുമൊക്കെ ആശ്വാസം പ്രദാനം ചെയ്യുന്ന പ്രവർത്തികളാണ്. **സുഹൃത്തുക്കളെയും താൽപര്യങ്ങളെയും നിലനിർത്തുന്നതിനുള്ള പദ്ധതികൾ** വിശ്രമിക്കുന്നതിനും ആസ്വദിക്കുന്നതിനും സ്വയം ശ്രമിക്കുക. സ്വന്തമായി ഒരു വ്യക്തിത്വം നിലനിർത്തുക. വിവിധ താൽപര്യങ്ങളും, രസങ്ങളും വിശ്രമങ്ങളും ശരീരികവും മാനസകികവുമായ ആരോഗ്യം നിലനിർത്താൻ നിങ്ങളെ സഹായിക്കും.	

s	മറ്റു സാധാരണ സൃഹൃത്തുക്കളിൽ നിന്നും അമിതമായി പ്രതീക്ഷിക്കുകയും ആഗ്രഹിക്കുകയും ചെയ്യുന്നത് വ്യക്തിബന്ധങ്ങൾ മുറിയുന്നതിനും സൗഹൃദങ്ങൾ കുറയുന്നതിനും ഇടയാക്കും. ഇതേ അവസ്ഥയിലുള്ള വരുമായി ചർച്ച ചെയ്താൽ അവർക്ക് നിങ്ങളുടെ മാനസികവസ്ഥയും നിങ്ങളുടെ അവസ്ഥയും മനസിലാക്കുന്നതിനും അനുകമ്പ കാണിക്കുന്നതിനും സാധിക്കുന്നതാണ്. ഓട്ടിസം സംബന്ധമായ വിഷയങ്ങൾ സംസാരിച്ച് നിങ്ങളുടെ സുഹൃത്തുക്കളിൽ വിരക്തി ഉണ്ടാക്കാതിരിക്കുക. ഇത്തരം സൗഹൃദങ്ങളിൽ സാധാരണ വിഷയങ്ങൾ ചർച്ചക്കെടുക്കുകയും സൗഹൃദങ്ങളിൽ പ്രശ്നങ്ങൾ സൃഷ്ടിക്കാതിരിക്കുകയും ചെയ്യുക. സാധാരണ സുഹൃത്തുക്കളിൽ നിന്നും അമിതമായി ഒന്നും പ്രതീക്ഷിക്കാതിരിക്കുക. ഇതുവരെ ഓട്ടിസത്തിൽ പൊതുവായ വിഷയങ്ങളെക്കുറിച്ചും ജീവിതചര്യക്ഷമതകളെക്കുറിച്ചും ഭവനപരിപാലന മാർഗ്ഗങ്ങളെക്കുറിച്ചുമാണ് നമ്മൾ ചർച്ച ചെയ്തത്.	



COMMUNICATION:

Communication need not be verbal or spoken always. Communication involves gestures, body language, signs, symbols or pictures, writing and other nonverbal means of communication such as traffic lights.

STRATEGIES:

- Child with Autism may not understand the power of communication
- They have to understand that they can communicate with others who inturn can help them.
- Provide meaning to socially appropriate behaviour at the initial stage itself.
- Music and action songs help to improve communication skill if the child likes.
- Using wind up toys helps to improve the communication skills by making the child to think that without winding keys toy cannot be played with.

GETTING ATTENTION:

- This is communication as well as social skill which lacks in Autism children.
- While teaching communication skills children has to be taught that they has to gain attention of others before communicating.
- Teach them to call other persons name, tap on their shoulder or hand (if acceptable to them) or approach the other person before communicating.
- Make the child aware that it is important that the other person listens and attend to them for communicating.
- Using PECS (Picture Exchange Communication System) and tapping the person helps to gain more attention.
- Frequent repetition of similar strategy helps to understand the child about the importance of gaining others attention.

EYE CONTACT

- One of the key features of Autism is lack of eye contact.
- Join the child with what they are looking for ,helps to improve the thinking that we like the thing that we are looking for.
- Story books can be used to improve the fascination of the child and by making comments we can improve their attention

POINTING SKILLS:

- Books helps to improve the pointing skills .
- Name the object and give it to them.
- Ask them to point out to the object using finger.
- Once identified the object in the proximity, encourage to do the same .

DEVELOPING IMITATION SKILLS:

In Autism imitation skills are absent.

- For this ,the adult joins the child in their activity and imitates the child and rocks.
- Adult movement can be realised by the child and thus the imitation of action develops in the child slowly.

TURN TAKING:

- Children are exposed to turn taking activities by rolling a car or ball with another person.
- Find a totally uninterested toy and encourage to take turn
- Move on to the interested ones gradually to develop more trust in them.
- Then move on to the group to teach the child more turntaking skills using objects and the attention

CONVERSATIONAL SKILLS:

- One of the major part of our conversation is `chit chatting'.
- Social communication falls into this area.
- Developing active listening skills is important. Games can be used with these children.
- Pictures can be used in building up stories.
- For social situations , children should be taught to answer a question and to repeat the same question to the person
- Possible answers and questions for a telephone conversation can be made. This is MIND MAPPING method.

GENERAL LANGUAGE SKILLS:

- Two important skills that can be taught is `yes' or `no'.
- Provide the child with all the possible words for the same object.
- Some are good at reading (Hyperlexia)
- Teach the child sequencing activities , to improve the logical pattern in writing.
- By writing the major events at the end of the day is also helpful. If the child cannot read/ write by doing a circle around the activities done on that day can be useful.

RULES:

GOLDEN RULE:

- To pause in between the conversations after providing the information helps to understand and react .
- Count till ten after giving an instruction.
- Use simple short sentences whenever possible.
- Encourage the child to make the imitation and communicate once they learned a means of communication.
- Do not anticipate the situation.
- Sabotaging techniques are used such as:

i. Eat the child's favourite food but do not offer it to the child.

ii. Put a favourite object out of reach of , but the child can see but cannot reach.

iii. Behave in a different way from the expected behaviour.
Eg: Putting on shoes and sitting in sofa.

iv. Build a routine and then break it .

IMAGINATION AND PLAY SKILLS:

A structured teaching approach as TEACCH (Teaching and Education of Autistic and related Communication Handicapped Children) is useful when teaching or working with such children.

TEACCH is structured teaching .

- Familiarity of a routine to follow .
- For each session have a consistency in beginning and ending.
- Then change the structure of schedule. This is to bring awareness of the scope to change.
- Then change the visual timetable.

This change can be by introducing preferred activity instead of unpreffered activity . then from unpreferred activity to preferred activity.

TOILETING SKILLS :

- Identify what stops the child from going to the toilet.
- Choose a proper timing for the child for toileting.
- Show a picture of toilet to identify and associate it with going to the toilet.

LACK OF SOCIAL UNDERSTANDING:

- Provide a lot of encouragement and rewards to desirable behaviour.
- Peer tutoring is an alternative in which using the fixed time when all are using the toilet.

OMAYAL ACHI COLLEGE OF

NURSING, CHENNAI – 66

PAMPHLET ON

HOME CARE MANAGEMENT ON AUTISM

Prepared By

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M.Sc. NURSING II YEAR

MENTAL HEALTH NURSING

➢ പിന്നീട് കൂട്ടമായി ചേർന്നുള്ള ഇടത്തിൽ കുട്ടിയെ കൈമാറ്റം ചെയ്യാൻ വസ്തുക്കൾ ഉപയോഗിച്ചു ശ്രദ്ധ പിടിച്ചു പറ്റാനും സഹായിക്കുക.

സംഭാഷണത്തിനുള്ള കഴിവ്

➢ ചറുപറ വർത്തമാനം പറയുക സംഭാഷണത്തിന്റെ ഒരു അവിഭാജ്യ ഘടകമാണ്.
➢ സാമൂഹ്യ സംഭാഷണം ഇതിൽപെടുന്നു.
➢ ശരിയായി ശ്രദ്ധിക്കാനുള്ള കഴിവ് വളരെ പ്രധാനപ്പെട്ടതാണ്.
➢ ചിത്രങ്ങൾ മൂലം കഥകൾ ഉണ്ടാക്കി ഉപയോഗിക്കാം.
➢ സാമൂഹ്യ അവസ്ഥകളിൽ കുട്ടികൾ ചോദ്യങ്ങൾക്ക് ഉത്തരം പറയുകയും വീണ്ടും അതേ ചോദ്യം തിരിച്ചു ചോദിക്കാനും അറിയണം.

പൊതുവായ സംഭാഷണത്തിനുള്ള കഴിവ്

➢ അതെ, ഇല്ല എന്നുള്ളത് ഒരു പ്രധാന കഴിവാണ്.
➢ കുട്ടി ചെയ്യുന്ന കാര്യങ്ങൾ യഥാക്രമം എഴുതുന്നത് എഴുത്തിന് കൃത്യത നൽകും.

നിയമങ്ങൾ

➢ സംസാരത്തിന്റെ ഇടയിൽ നിർത്തുന്നത് മനസ്സിലാക്കാനും ശരിയായി പ്രതികരിക്കാനും സഹായിക്കുന്നു.
➢ സാഹചര്യങ്ങളെ കുറിച്ചുള്ള പ്രതീക്ഷ നൽകുന്നത്.

➢ അനുകരിക്കാനും സംഭാഷിക്കാനും കുട്ടിയെ ഉത്സാഹിപ്പിക്കുക.

കല്പനാശക്തിയും കളിയും

➢ സാഹചര്യങ്ങളെ കുറിച്ചുള്ള യഥാക്രമമുള്ള കാര്യങ്ങൾ മാറ്റുക. ഇതു സാഹചര്യങ്ങളുടെ മാറ്റത്തെ കുറിച്ചറിയാൻ സഹായിക്കുന്നു.
➢ ക്രമമായി ഓരോ കാര്യവും തുടങ്ങുകയും അവസാനിക്കുകയും വേണം.
➢ പിന്നെ യഥാക്രമമുള്ള കാര്യങ്ങൾ മാറ്റുക.
➢ ഇഷ്ടമുള്ള കാര്യത്തിൽ നിന്ന് ഇഷ്ടമില്ലാത്ത കാര്യത്തിലേക്ക് തിരിച്ചു ചെയ്യിക്കുക.

സാമൂഹിക ധാരണയില്ലായ്മ

➢ നല്ല പ്രോത്സാഹനം നൽകുകയും നല്ല പ്രവർത്തികൾക്കു പ്രതിഫലം നൽകുകയും ചെയ്യുക.
➢ എല്ലാവരും ചെയ്യുന്നത് പോലെ ചെയ്യിക്കുക കൂടെയുള്ളവരിലൂടെ

ഓട്ടിസത്തിന്റെ ഗൃഹപരിചരണം

തയ്യാറാക്കിയത് :

സുമിന എലിസബത്ത് ചെറിയാൻ
എം.എസ്.സി നേഴ്സിംഗ് രണ്ടാം വർഷം
മെന്റൽ ഹെൽത്ത് നേഴ്സിംഗ്,
ഒമായൽ ആച്ചി കോളജ്

ഓട്ടിസം കുട്ടികൾക്കുള്ള ഗൃഹസംരക്ഷണം

ഉള്ളടക്കം

ആശയവിനിമയം എന്നാൽ എപ്പോഴും സംസാരവും വാചകവുമല്ല ആശയവിനിമയത്തിൽ ശാരീരിക ചേഷ്ടകൾ മുദ്രകൾ, പടങ്ങൾ, എഴുത്തും അവാച്യമായ ട്രാഫിക്ക് മുദ്രകൾ പോലെയുള്ളതും ഉൾപ്പെടും.

ഘടകങ്ങൾ

- ഓട്ടിസമുള്ള കുട്ടികൾക്ക് ആശയവിനിമയത്തിനു ഉള്ള പ്രാധാന്യം അറിയില്ല.
- ഓട്ടിസം കുട്ടികൾക്ക് അവരെ സഹായിക്കുന്നവരോട് കൂടെ ആശയവിനിമയം നടത്താൻ എളുപ്പമാണ്.
- സംഗീതവും ആക്ഷൻ കാണിച്ചുള്ള പാട്ടും കുട്ടികളിൽ ആശയവിനിമയം നടത്താമെന്ന് മനസ്സിലാക്കണം.
- കളിപ്പാട്ടങ്ങൾ കീ കൊടുത്തുള്ളതും അങ്ങനെയുള്ള കളിപ്പാട്ടം ആശയവിനിമയം നടത്താൻ കൂടുതൽ സഹായിക്കുന്നു.

ശ്രദ്ധ പിടിച്ചുപറ്റുക

- ഓട്ടിസം കുട്ടികളിൽ ആശയവിനിമയത്തിന് ഇല്ലാത്ത ഒരു ഘടകം.
- കുട്ടികളെ ആശയവിനിമയം ചെയ്യുമ്പോൾ എങ്ങനെ ശ്രദ്ധ പിടിച്ചു പറ്റാം.
- കുട്ടികളെ മറ്റുള്ളവരുടെ പേരു വിളിക്കാൻ പഠിപ്പിക്കുക. തോളിൽ തട്ടി മറ്റു അളുകളെ വിളിക്കാൻ പഠിപ്പിക്കുക.
- കുട്ടികളെ മറ്റുള്ളവരുടെ ശ്രദ്ധയും താത്പര്യവും പ്രധാനമാണ് എന്ന അവബോധം നൽകുക.
- ചിത്രങ്ങൾ ഉപയോഗിച്ചും ആളുകളുടെ തോളിൽ തട്ടി മറ്റുള്ളവരുടെ ശ്രദ്ധ ആകർഷിക്കുന്നതിന്റെ പ്രാധാന്യം മനസ്സിലാക്കണം.

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- കണ്ണിൽ നോക്കി സംസാരിക്കുന്നതിനുള്ള കഴിവില്ലായ്മ ഓട്ടിസത്തിന്റെ പ്രധാന ലക്ഷണം.
- കുട്ടി നോക്കുന്നതിലേക്ക് നോക്കുന്നതിലൂടെ നമ്മൾ കുട്ടി നോക്കുന്നതു ഇഷ്ടപ്പെടുന്നു എന്ന വിചാരം ഉണ്ടാകുന്നു.

ചൂണ്ടികാണിക്കാനുള്ള കഴിവ്

- പുസ്തകങ്ങൾ ചൂണ്ടികാണിക്കാനുള്ള കഴിവ്
- പേരു പറഞ്ഞു വസ്തുക്കൾ നൽകുക.
- വിരൽ ഉപയോഗിച്ചു വസ്തുക്കൾ ചൂണ്ടാൻ പറയുക.
- അടുത്തുള്ള വസ്തുക്കളും വിരൽ ചൂണ്ടി കണ്ടുപിടിക്കാൻ പറയുക.

അനുകരിക്കാനുള്ള കഴിവ്

- ഓട്ടിസം ഉള്ള കുട്ടികൾക്ക് അനുകരണ ശേഷി ഇല്ല.
- മുതിർന്നവർ കുട്ടിയെ അനുകരിക്കുകയും കുട്ടിയുടെ കൂടെ അനുകരിക്കുകയും ചെയ്യണം.
- മുതിർന്നവരുടെ ചലനം കുട്ടി മനസ്സിലാക്കുകയും അനുകരിക്കുകയും ചെയ്യുന്നു.

വസ്തുക്കൾ കൈമാറ്റം ചെയ്യുക

- പന്തു ഉരുട്ടുകയും കാർ ഓടിച്ചും മറ്റൊരാളുമായി കൈമാറ്റം ചെയ്തുള്ള കളികൾ കുട്ടികൾ കളിക്കാറുണ്ട്.
- ആദ്യം ഒട്ടും താത്പര്യം തോന്നാത്ത ഒരു കളിപ്പാട്ടം ഉപയോഗിച്ചു കളിപ്പാട്ടം കൈമാറ്റം ചെയ്യാൻ പ്രോത്സാഹിപ്പിക്കുക.
- താത്പര്യമുള്ളതിലേക്ക് പതിയെ നീങ്ങുന്നതിലൂടെ കൂടുതൽ വിശ്വാസം ഉണ്ടാകുന്നു.